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(This return should ... ly be made by the person who ... the original)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* .....

Place of Birth ... iami ..... County Gila ..... No. ..... St.
(... gistration District)

SEX OF CHILD* FEMALE

... r? 1 and Number in order of birth

DATE OF BIRTH* Sept. (Month) 23 (Day) 1922 (Year)

FULL NAME Geo... FATHER Pacheco

FULL* MAIDEN NAME G... MOTHER ...dalupe Chaparro

I HEREBY CERTIFY that the child described herein has been named

Lucy Pacheco
(Give name in full) (Surname)

Guadalupe Fernandez
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to ... ntered by the local registrar before giving out this form.

Blank supplem... al reports of birth may be obtained from the local registrar.

10M—8-42—Bower ...

376-923-736