ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* /

Place of Birth MIAMI (Registration District) County PINAL No. LYE OAK St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
FEMALE			

DATE OF BIRTH* FEBRUARY (Month) 8 (Day) 1923 (Year)

FULL* NAME FATHER JUAN PEREZ VASQUEZ

FULL* MAIDEN NAME MOTHER ANGELA CASILLA VASQUEZ

I HEREBY CERTIFY that the child described herein has been named

JUANA EVANGELINA (Give name in full) CASILLA VASQUEZ (Surname)

Angela C. Vasquez (Parent's Signature)

(Signature of Physician or Midwife)

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

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

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