Damaged Document(s)

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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This reti ould preferably be made by the pe who made the original)

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

Place o th Miami (Registration District) County Gila No. ..... St.

SEX OF C Female | Twin Triplet or other? | and | Number in order of birth

DATE OF H* March 26 1928 (Month) (Day) (Year)

FULL NAME FATHER Feliciano Antillon

FULL MAIDEN NAME MOTHER Rita Moreno

I HEREBY CERTIFY that the child described herein has been named

Estela Antillon (Give name in full) (Surname)

+ Mariana Aldaco (Parent's Signature)

(Signature of Physician or Midwife)

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

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

10M—8-42- Co.

515-326-9461