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JUL 16 1945

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.* 1601

Place of Birth ..... County ..... No. ..... St.
(Registration District)

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

DATE OF BIRTH* September (Month) 27 (Day) 1923 (Year)

FULL* NAME — FATHER: Manuel Mesta

FULL* MAIDEN NAME — MOTHER: Genoveva Barriga

I HEREBY CERTIFY that the child described herein has been named

Velia (Give name in full) Mesta (Surname)

Genovave Barriga Mesta
(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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541-927-721