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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 120

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

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

DATE OF BIRTH* Oct. (Month) 3 (Day) 1923 (Year)

FULL NAME FATHER Gilberto R Estrada

FULL* MAIDEN NAME MOTHER Francisca Durazo

I HEREBY CERTIFY that the child described herein has been named

Francisca Estrada (Give name in full) (Surname)

Gilberto R. Estrada (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.

M 5/20/41

651 - 1003 - 646