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

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

County Registrar's No.* 192

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

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

DATE OF BIRTH* October 30, 1923 (Month) (Day) (Year)

FULL* NAME FATHER Andres Chairez

FULL* MAIDEN NAME MOTHER Lucia Bertoldo

I HEREBY CERTIFY that the child described herein has been named

Severo Bertoldo Chairez
(Give name in full) (Surname)

Severo B. Chairez
(Parent's Signature)

Verified by Registration Certificate and Social Security Card
(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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