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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.* 119

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

| | | | |
|---|---|---|---|
| SEX OF CHILD* male | Twin Triplet or other? no | and | Number in order of birth |
| DATE OF BIRTH* April (Month) 6, (Day) 1924 (Year) | | | |
| FULL NAME | FATHER Rito Magana | | |
| FULL* MAIDEN NAME | MOTHER Benita Tostado | | |

I HEREBY CERTIFY that the child described herein has been named

RAUL T MAGANA
(Give name in full) (Surname)

Benita Tostado Magana
(Parent's Signature) Mother

(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.

10M 11-41 A.P.

944-406-234