JAN 11 1929

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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 125

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

SEX OF CHILD*	Twin Triplet or other?	2nd	Number in order of birth
Female			

DATE OF BIRTH* June (Month) 6 (Day) 1924 (Year)

FULL* NAME FATHER Santos Vasquez

FULL* MAIDEN NAME MOTHER Eugenia Mendoza

I HEREBY CERTIFY that the child described herein has been named

Elisa Jesusita Vasquez
(Give name in full) (Surname)

(Parent's Signature)

Simona Burgos
(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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559-606-541