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Damaged Document(s)

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.*

Place of Birth Miami Ariz. County ~~Maricopa~~ Gila No. St

(Registration District)

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

DATE OF BIRTH* July 31. (Month) 1924 (Day) 1924 (Year)

FULL* NAME FATHER Clemente Valtierra.

FULL* MAIDEN NAME MOTHER Ricarda Ramos Valtierra,

I HEREBY CERTIFY that the child described herein has been named

Ignacia Valtierra (Give name in full) (Surname)

Santos Monarrez. (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.

10M 10-1-43—S.P.Co.

951-731-992