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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.*.....

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

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

DATE OF BIRTH* August 4, 1924 (Month) (Day) (Year)

FATHER

FULL NAME Ysidro Mendoza

MOTHER

FULL* MAIDEN NAME Dionicia Olivas

I HEREBY CERTIFY that the child described herein has been named

CELIA MENDOZA
(Give name in full) (Surname)

x Dionicia Mendoza
(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 11-41 A.F.

341-804-462

MARGIN RESERVED FOR BINDING

USE PERMANENT INK