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MARGIN RESERVED FOR BI...
USE PERMANENT INK

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 Gila County Cayfool No. 66 Groom Canon St.
(Registration District)

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

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

FULL* NAME FATHER Reyes Garcia

FULL* MAIDEN NAME MOTHER Tranquelina Gomez

I HEREBY CERTIFY that the child described herein has been named

Transita Garcia
(Give name in full) (Surname)

Reyes Garcia
(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.

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371-806-379