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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 6

(This return should preferably be made by the person who made the original).

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

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

DATE OF BIRTH* January (Month) 4, (Day) 1925 (Year)

FULL* NAME FATHER Lucio Garcia

FULL* MAIDEN NAME MOTHER Ambrosia Vega

I HEREBY CERTIFY that the child described herein has been named

Carmen (Given name in full) Garcia (Surname)

Lucio Garcia (Father's or Mother'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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

371-104-151