D112 10-83

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.*.....

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

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

DATE OF BIRTH* March (Month) 16 (Day) 1925 (Year)

FULL* NAME FATHER Martin Vasquez

FULL* MAIDEN NAME MOTHER Feliciana Becerra

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Abram Vasquez
(Give name in full) (Surname)

Martin Vasquez
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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159 - 316 - 621

RECEIVED APR 17 1925