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APR 11 1925

Am. File

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 160

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

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

DATE OF BIRTH* March 17, 1925
(Month) (Day) (Year)

FULL NAME FATHER Fidel Peñuñuri

FULL* MAIDEN NAME MOTHER Maria Jesus Gamez

I HEREBY CERTIFY that the child described herein has been named

Fidel Peñuñuri
(Give name in full) (Surname)

x Ramón Peñuñuri
(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.

5M 5/20/41

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