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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 (Registration District) County Gila No. 1121 Sullivan St.

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

DATE OF BIRTH* March 20th, 1925 (Month) (Day) (Year)

FULL NAME — FATHER: Frank Mariscal

FULL* MAIDEN NAME — MOTHER: Luz ~~[illegible]~~ Figueroa

I HEREBY CERTIFY that the child described herein has been named

Rudolph (Give name in full) Mariscal (Surname)

Frank G. Mariscal (Parent's Signature)

Nelson D. Grayson (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.P.

943 - 320 - 361.

Ans. ..... File .....