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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

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

SEX OF CHILD* female | Twin Triplet or other? | and | Number* in order of birth 6

DATE OF BIRTH* April (Month) 9 (Day) 1925 (Year) 192

FULL* NAME FATHER Marcelino Rodriguez

FULL* MAIDEN NAME MOTHER Catalina Garcia

I HEREBY CERTIFY that the child described herein has been named

Maria Cleofas (Given name in full) Rodriguez (Surname)

Catalina Garcia Rodriguez (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.

Sworn & subscribed this 10th day of Nov 1938

Notary Public E. Paso Co. Texas.

499-409-371

Am. File

This supplemental report is to be pasted beneath the original.

MARGIN RESERVED FOR BINDING