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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth (Registration District) Miami County Gila No. 44 Davis Canyon St.

County Registrar's No.*

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

DATE OF BIRTH* August 12, 1925 (Month) (Day) (Year)

FULL* NAME FATHER Cano, Isidoro

FULL* MAIDEN NAME MOTHER Cardenas, Guadalupe

I HEREBY CERTIFY that the child described herein has been named

Therminia Cano (Give name in full) (Surname)

X Guadalupe Cardenas (Parent's Signature)

~~Dr Miller~~ (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 county registrar. County registrars must mail with original certificate on tenth day of following month.

836-812-575

This supplemental report is to be pasted beneath the original.

VED 1925