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USE PERMANENT INK

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DATE OF

FULL*
NAME

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NAME

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MAY 12 1928
Ans. File

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

hould preferably be made
who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1380

Birth Miami County Gila No. St.
ion District)

D*	Twin Triplet or other?	and	Number in order of birth
le			

TH* March (Month) 15 (Day) 28 (Year)

FATHER
Francisco Guzman

MOTHER
Encarnacion Huerta

I HEREBY CERTIFY that the child described herein has been named

Natalia Guzman
(Give name in full) (Surname)

Encarnacion Guzman
(Parent's Signature)

(Signature of Physician or Midwife)

ems to be entered by the local registrar before giving out this form.

pplemental reports of birth may be obtained from the local registrar.

10M 1-45

575-315-381