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ZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

(This return should by the person who

Place of Birth .....County Gila No. .....St.

(Registration Di

SEX OF CHILD* Female	and	Number in order of birth
DATE OF BIRTH*	18 (Day)	1928 (Year)
FULL* NAME	Ci roza	
FULL* MAIDEN NAME	R uzman	

I HEREBY CERTIFY that the child described herein has been named

ELISA PEDROZA

(Give name in full) (Surname)

Henry E. Aboud

(Parent's Signature)

(Signature of Physician or Midwife)

*These items local registrar before giving out this form.

Blank suppl th may be obtained from the local registrar.

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MARGIN RESERVED FOR BINDING

USE PERMANENT INK