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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should p ly be made by the person who m he original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth MIAMI, ARIZONA County Gila No. St.
(Registration District)

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

DATE OF BIRTH* JULY 4 1928
(Month) (Day) (Year)

FULL NAME FATHER JESUS SANDOVAL

FULL* MAIDEN NAME MOTHER MARIAN SANDOVAL

I HEREBY CERTIFY that the child described herein has been named

REFUGIA SANDOVAL
(Give name in full) (Surname)

X Mariana S. Sandoval
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to red by the local registrar before giving out this form.

Blank supplem ports of birth may be obtained from the local registrar.

10M—8-42—Bower Co

923-704-459