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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

Place of Birth ~~Miami~~ Miami (Registration District) County Gila No. St.

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

DATE OF BIRTH* July (Month) 6 (Day) 1928 (Year)

FULL NAME FATHER Aristeo Echeveste

FULL* MAIDEN NAME MOTHER Ramona Padilla

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

I HEREBY CERTIFY that the child described herein has been named

Maria Minerva Echeveste
(Give name in full) (Surname)

Ramona Echeveste
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M—8-42—Bower Co.

AUG 11 1928
File