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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

DATE OF BIRTH* July 18 1928
(Month) (Day) (Year)

FULL* NAME — FATHER: Enrique Hernandez

FULL* MAIDEN NAME — MOTHER: Guadalupe ~~Beaza~~ BAEZA

I HEREBY CERTIFY that the child described herein has been named

MARIA MARTA FRANCES HERNANDEZ
(Give name in full) (Surname)

Enrique Hernandez
(Parent's Signature)

(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.

10M 1-45

489-718-721

RECEIVED AUG 11

GIN RESERVED FOR BINDING
USE PERMANENT INK

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