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ARIZONA STATE BOARD OF HEALTH
 BUREAU 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 Miami County Cala No. 3126 Loomis St.

SEX OF CHILD* <u>female</u>	Twin Triplet or other?	} and }	Number* in order of birth
DATE OF BIRTH* <u>July 22</u> 192 <u>8</u>	(Month)	(Day)	(Year)
FULL* NAME <u>Felix Garcia</u>	FATHER		
FULL* MAIDEN NAME <u>Refugia Diaz</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Helen Garcia
 (Give name in full) (Surname)

Felix Garcia
 (Parent's signature)
J. J. Miller
 (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.
 Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Changing child's name

11-13-28

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