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Place of
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DATE OF B

FULL* NAME Jo

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12 1928

File

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IZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 184

County Gila No. St.

and | Number in order of birth

r 20, 1928
(Day) (Year)

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I HEREBY CERTIFY that the child described herein has been named

Edmundo Obeso
(Give name in full) (Surname)

Jose Mc Obeso father
(Parent's Signature)

Rosa Chavez de Obeso mother
(Signature of Physician or Midwife)

by the local registrar before giving out this form.

s of birth may be obtained from the local registrar.