487323
38 Age 10/65

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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 Globe (Registration District) County Gila No.

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* May (Month) 2 (Day) 1929 (Year)			
FULL* NAME FATHER Federico Duarte			
FULL* MAIDEN NAME MOTHER Aurelia Rosalez			

I HEREBY CERTIFY that the child described has been named

FELICITAS DUARTE

(Give name in full) (Surname)

Asuncion Duar

(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.

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645-502-199

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MARGIN