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.* 171

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

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

DATE OF BIRTH* Nov. (Month) 22, (Day) 1929 (Year)

FULL* NAME — FATHER: Salvador Fuentes

FULL* MAIDEN NAME — MOTHER: Zenida Garcia

I HEREBY CERTIFY that the child described herein has been named

Cecilio Garcia Fuentes X
(Give name in full) (Surname)

Salvador Fuentes X
(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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