

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. * 125

Place of Birth MAIMI County Hila No. 522 Prophecy St.
(Registration District)

I HEREBY CERTIFY that the child described herein has been named

Ricardo Martinez Cuadras
(Give name in full) (Surname)

maria martinez Cuadras
(Parent's Signature)

(Signature of Physician or Midwife)

SEX OF CHILD*	Twin Triplet or other? <u>✓</u>	and	Number in order of birth
DATE OF BIRTH*	<u>February</u>	<u>7</u>	<u>1927</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Bruno Rodriguez Cuadras</u>		
FULL MAIDEN NAME	MOTHER <u>Maria Martinez Cuadras</u>		

*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.

932-207-449

USE PERMANENT