

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 112

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

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
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DATE OF BIRTH* MARCH 3, 1927
(Month) (Day) (Year)

FULL NAME FATHER Gilberto Ruvio Flores

FULL NAME MOTHER Leonor Rojas Flores

I HEREBY CERTIFY that the child described
herein has been named

• IGNACIO FLOREZ
(Give name in full) (Surname)

Gilberto Ruvio Flores
(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.

10M-8-42-Bower Co.

969-303-392