

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 162

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

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

DATE OF BIRTH* May 14, 1927
(Month) (Day) (Year)

FATHER
FULL NAME Jose Ramirez

MOTHER
FULL MAIDEN NAME Gorgonia Parra

I HEREBY CERTIFY that the child described herein has been named

Corona Ramirez
(Give name in full) (Surname)

x Gorgonia P. Ramirez
(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.

5M 5/20/41

399-514-771