

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH Vol. 5-27 # 202
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. **121**

Place of Birth **Globe** County **Gila** No. **Ruiz Canyon** St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* **May 29th** 192**7**
(Month) (Day) (Year)

Mydia Annie Ruiz
(Give name in full) (Surname)

FULL* NAME **Joe Ruiz** FATHER

Joe Ruiz
(Parent's signature) in ink

FULL* MAIDEN NAME **Annie Trujillo** MOTHER

Annie Trujillo
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

8-17-27

Supplemental report must be returned within 15 days