MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 207

Place of Birth WINKELMAN County GILA No. ..... St.
(Registration District)

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

DATE OF BIRTH* MAY (Month) 31 (Day) 1927 (Year)

FULL* NAME FATHER CARLOS RUIZ

FULL* MAIDEN NAME MOTHER FRANCISCA MIRANDA

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

MANUEL (Give name in full) RUIZ (Surname)

Carlos Ruiz Francisca Miranda
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

® 10M 1-45

409-531-341