MARGIN RESERVED FOR BINDING
USE PERMANENT INK

18V

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Miami (Registration District) County Cochise No. Red Spring Canyon St. County Registrar's No.*

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

DATE OF BIRTH* June (Month) 27 (Day) 1927 (Year)

FULL* NAME FATHER Ruben Molina Balderrama

FULL* MAIDEN NAME MOTHER Angela Mendoza Balderrama

I HEREBY CERTIFY that the child described herein has been named

Ruben Mendoza Balderrama (Give name in full) (Surname)

Angela Mendoza Zazueta (Parent's Signature)

(Signature of Physician or Midwife) Mariana

*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.

[redacted] ® 10M 1-45

921-627-141

Ans.