ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

...ly be made ...e original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 140

...County ..... No. ..... St.

... 1	and 1st	Number in order of birth
... (Month)	4 (Day)	1927 (Year)
FATHER ~~Ruiz~~ Reyes		
MOTHER ...NOZ		

I HEREBY CERTIFY that the child described herein has been named

Adelberto Ruiz Munoz
(Give name in full) (Surname)

Castulo Ruiz
(Parent's Signature)

(Signature of Physician or Midwife)

...ered by the local registrar before giving out this form.

...ports of birth may be obtained from the local registrar.

199-704-649