

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

141

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* July 4 1927
(Month) (Day) (Year)

Jim Cano

(Give name in full) (Surname)

FULL NAME Hilario Cano FATHER

Mrs E. P. Ramirez
(Parent's Signature)
sith

FULL MAIDEN NAME Lupe Pena MOTHER

(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.
10M-8-42-Bower Co.

136-704-371

RECEIVED

AUG 12 1927

File