191

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.*.....

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

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

DATE OF BIRTH* JULY (Month) 22 (Day) 1927 (Year)

FULL* NAME FRANCISCO P IMENEZ

FULL* MAIDEN NAME MARIA ES

*These items to be entered ocal registrar before giving out this form.

Blank supplemental reports may be obtained from the local registrar.

® 10M 1-45

I HEREBY CERTIFY that the child described herein has been named

RUBEN T. JIMENEZ

(Give name in full) (Surname)

Maria J. Gonzales (Parent's Signature)

(Signature of Physician or Midwife)

919-722-432

AUG 8 1927

Ans. File