ARIZONA STATE BOARD OF HEALTH

BUREAU 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 (Registration District) MIAMI County GILA No. 408 FRANZ AVE St.

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

DATE OF BIRTH* SEPT. (Month) 12 (Day) 1927 (Year)

FULL* NAME — FATHER: Ramon Miranda

FULL* MAIDEN NAME — MOTHER: Ana Calles

I HEREBY CERTIFY that the child described herein has been named

DELIA MERCEDES MIRANDA
(Give name in full) (Surname)

Ana Calles
Ramon G. Miranda
(Parent's signature)

F. F. Miller M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

41-912-132

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Ans. File