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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 Globe
(Registration District)

County

No.

St.

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

I HEREBY CERTIFY that the child described herein
has been named**ROSAURA RUIZ**

(Give name in full)

(Surname)

DATE OF BIRTH* **December 20, 1927**
(Month) (Day) (Year)FULL*
NAME **Dionicio Ruiz** FATHERFULL*
MAIDEN
NAME **Rosa Lopez** 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 10-1-43-S.P.Co.

999 - 1220 - 937

1928

File