60708

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.* 133

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

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

DATE OF BIRTH* Dec. (Month) 23 (Day) 1927 (Year)

FULL* NAME FATHER Juan L. Rubalcaba

FULL* MAIDEN NAME MOTHER Rafaela Magdalena

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Victoria Rubalcaba
(Give name in full) (Surname)

(Parent's Signature)
Rafaela Rubalcaba
(Signature of Physician or Midwife)
Dr. F. F. Miller

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

591-1223-946