

REPORT TO CIVIL SERVICE BOARD  
 DIVISION OF VITAL STATISTICS  
 HEALTH DEPARTMENT, TULSA, OKLA.

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. \* 722

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

SEX OF CHILD*	Twin Triplet or other?	No. {	and {	Number in order of birth
M		No. 1		4
DATE OF BIRTH*	Jan.	18	1930	
	(Month)	(Day)	(Year)	
FULL NAME	FATHER <u>Florentino R. Perez</u>			
FULL MAIDEN NAME	MOTHER <u>Rosana Ybarra</u>			

I HEREBY CERTIFY that the child described herein has been named

Rafael Y. Perez  
 (Give name in full) (Surname)

Florentino R. Perez  
 (Parent's Signature)

(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 11-41 A.P.

979-116-981



RECEIVED  
 DIVISION OF VITAL STATISTICS  
 HEALTH DEPARTMENT, TULSA, OKLA.