ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 132

should preferably be made
who made the original)

Birth Christmas County [redacted] No. ..... St.

tion District)

LD*	Twin Triplet or other?	and	Number in order of birth
2			

RTH* May 1 1930
(Month) (Day) (Year)

FATHER
Manuel Ruiz

MOTHER
Dolores Ramirez

I [redacted]Y CERTIFY that the child described herein has been named

[redacted]
(Given in [redacted]) (Surname)

[redacted]
(Parent's Signature)

(Signature of Physician or Midwife)

ems to be entered by the local registrar before giving out this form.

pplemental reports of birth may be obtained from the local registrar.

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