ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 142

...n should preferably be made ...son who made the original)

...of Birth HAYDEN County GILA No. ..... St.

...stration District)

...HILD* ...LE	Twin Triplet or other?	and	Number in order of birth

BIRTH* MAY (Month) 4 (Day) 1930 (Year)

FATHER

FELIX RAMIREZ

MOTHER

ROMULA BALDENEGRO

I HEREBY CERTIFY that the child described herein has been named

MICAELA (Give name in full) RAMIREZ (Surname)

Romula B. Ramirez (Parent's Signature)

(Signature of Physician or Midwife)

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

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

...D 10M 1-45

499-504-926

...ildren of this mother ..... (a) Born alive and now living ..... 21. Were precautions taken against ophthalmia neonatorum?

...e of birth of child herein ..... (b) Born alive but now dead 2

...ding this child ..... (c) Stillborn 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

...hat I attended the birth of this child, who was ..... at ..... m. on the date above stated.

(Born alive or stillborn)

...was no attending physician ...n the father, householder. ...ted should make this return. A stillborn ...hild is one that neither breathes nor ...shows other evidence of life after birth.

Signature

(Physician or midwife.)

Address

Month, day, year

Filed ..... 19.....

Registrar.

Registrar.

Re... JUN 6 ... Arizona State Board of Hea...

MARGIN ... USI

(This ... by the ...

Pla...

SEX ... FE...

DATE

FULL* NAME

FULL* MAID... NAME