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

182

County Registrar's No.*.....

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

SEX OF CHILD*	Twin X Triplet or other?	and	Number in order of birth 2
boy			

DATE OF BIRTH* January (Month) 24 (Day) 1931 (Year)

FULL* NAME FATHER: Leon Ruiz

FULL* MAIDEN NAME MOTHER: Ursula Lara

I HEREBY CERTIFY that the child described herein has been named

Jose (Give name in full) Ruiz (Surname)

Ursula Lara (Parent's Signature)

Dr. F. A. Miller (Signature of Physician or Midwife)

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

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

10M 1-45

199-124-431