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.*.....

Place of Birth (Registration District) Miami County Gila No. 211 Live Oak St.

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

DATE OF BIRTH* march (Month) 20 (Day) 1931 (Year)

FULL* NAME FATHER Fredrico Ruiz

FULL* MAIDEN NAME MOTHER Ernestina Lucero

I HEREBY CERTIFY that the child described herein has been named

OLGA RUIZ
(Give name in full) (Surname)

Ramona Lucero (aunt)
(Parent's Signature)
-mother dead-

(Signature of Physician or Midwife)
Dr. Miller

*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 1-45

699-320-536

ARIZONA State Board of Health
APR 3 1931
Registered