197 A

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. ..... St.

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

DATE OF BIRTH* June 29 1931 (Month) (Day) (Year)

FULL* NAME FATHER Juan Patino

FULL* MAIDEN NAME MOTHER Ysidra Magdaleno

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

I HEREBY CERTIFY that the child described herein has been named

RAMON PATINO (Give name in full) (Surname)

Ysidra Magdaleno (Parent's Signature)

(Signature of Physician or Midwife)

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

10M 1-45

976-629-8416