ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 141

(This return should p[illegible]ably be made by the person who m[illegible] the original)

Place of Birth [illegible]iami, Ariz County Gila No. 27 Miami Ave St.
(Registration Distr[illegible])

SEX OF CHILD* Male | Tw[illegible] Tri[illegible] or o[illegible]r? | and | Number in order of birth

DATE OF BIRTH* [illegible]LY 27, 1931
(Month) (Day) (Year)

FULL NAME FATHER Jose Gutierrez

FULL* MAIDEN NAME MOTHER Maria Barba

*These items to be [illegible]red by the local registrar before giving out this form.

Blank supplemental [illegible]orts of birth may be obtained from the local registrar.

[illegible]M 10-1-48--S.P.Co.

I HEREBY CERTIFY that the child described herein has been named

RUDOLPH BARBA GUTIERREZ
(Give name in full) (Surname)

Maria B. Gutierrez
(Parent's Signature)

(Signature of Physician or Midwife)

979-727-421

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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