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.* 123

Place of Birth WINKELMAN County GILA No. ..... St.
(Registration District)

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

DATE OF BIRTH* September (Month) 8 (Day) 1931 (Year)

FULL* NAME — FATHER: FRANCISCO T. RUIZ

FULL* MAIDEN NAME — MOTHER: RITA MARTINEZ

I HEREBY CERTIFY that the child described herein has been named

CORNELIO FELISARDO RUIZ
(Give name in full) (Surname)

Francisco T. Ruiz
(Parent's Signature)

(Signature of Physician or Midwife)

*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

399-908-949

MARGIN R USE

Received
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Board of Health