ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 77

Place of Birth (Registration District) MIAMI, ARIZONA County No. 44 Grove St.

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

DATE OF BIRTH* March (Month) 6 (Day) 1932 (Year)

FULL* NAME FATHER Jose Lara

FULL* MAIDEN NAME MOTHER Julia de la Riva

I HEREBY CERTIFY that the child described herein has been named

Ramon Lara
(Given name in full) (Surname)

Julia B Lara
(Father's or Mother's Signature)

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

F. F. MILLER, M.D.

*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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

previously entitled: Antonio Lara 931-306-191

RECEIVED APR 12 1932 BUREAU OF VITAL STATISTICS

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