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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

St. No.....

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

Place of Birth (Registration District) Miami Arizona County Gila

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
girl	x		4

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

FATHER

FULL* NAME Leon Ruiz

MOTHER

FULL* MAIDEN NAME Ursula Lara

I HEREBY CERTIFY that the child described herein has been named M. Jesus (Give name in full) Ruiz (Surname)

Ursula Lara (Parent's Signature)

Dr. Juana Martinez (~~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.

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MARGIN RESERVED FOR BINDING

USE PERMANENT INK