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.* 99

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

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

DATE OF BIRTH* JULY (Month) 17 (Day) 1932 (Year)

FULL* NAME FATHER FELIX RAMIREZ

FULL* MAIDEN NAME MOTHER ROMULA BALDENEGRO

I HEREBY CERTIFY that the child described herein has been named

FELIX (Give name in full) RAMIREZ (Surname)

Romula B. Ramirez (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

699-0717-926

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