Received
JAN 2 1934
Arizona State Department of Health

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.* 184

Place of Birth MIAMI (Registration District) County GILA No. 1161 SULLIVAN St.

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

DATE OF BIRTH* DEC. (Month) 12 (Day) 1933 (Year)

FULL* NAME FATHER ROBERT JOSE RUIZ

FULL* MAIDEN NAME MOTHER DOLORES ROMERO

I HEREBY CERTIFY that the child described herein has been named

JOSE ROBERTO (Give name in full) RUIZ (Surname)

Robert J. 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.

MM 1-45

199-1212-496

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GLOBE ARIZONA