1260

Damaged Document(s)

Form No. 7 2m 7-15-09

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF STATISTICS

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

SUPPLEMENTAL REPORT OF BIRTH

Local Register No.* 18

Place of birth South Globe (Registration district) No. St.

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

HEREBY CERETIFY that the child described herein has been named

DATE OF BIRTH * Jan (Month) 23 (Day)

Orucita S. Ruiz (Given name in full) (Surname)

FULL * NAME FATHER Gregory B Ruiz

(Signature) Information by father

FULL * MAIDEN NAME MOTHER Marie W. Saguio

B. G. Fox (Physician or Midwife)

*These items to be entered by the local registrar before giving them.

Blank supplemental reports of births may be obtained from registrar.

Local registrars must mail supplemental reports immediately. County registrars must mail with orginal certificate on tenth day of following month.