

843

117

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

should preferably be made  
person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami County Fla No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

CHILD*	Twin	} and }	Number* in order of birth
	Triplet or other?		
DATE*	<u>Dec. 18</u>	19 <u>21</u>	
	(Month)	(Day) (Year)	
FATHER			
<u>Rose Ramirez</u>			
MOTHER			
<u>Maria Garcia</u>			

I HEREBY CERTIFY that the child described herein has  
been named

Elvira Margarita Ramirez  
(Give name in full) (Surname)

Maria Garcia  
(Parent's Signature)

(Signature of Physician or Midwife)

Items to be entered by the local registrar before giving out this form.  
Supplemental reports of birth may be obtained from the local registrar.

599-1218-471