

135

ARIZONA STATE BOARD OF HEALTH

DEPARTMENT OF HEALTH

ORIGINAL CERTIFICATE OF BIRTH

RECEIVED

99

ARIZONA STATE DEPARTMENT OF HEALTH

This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

Place of Birth Globe County Gila No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			
DATE OF BIRTH*	July 4 1922	(Month)	(Day) (Year)
FULL NAME	FATHER	Jose G. Ruiz	
FULL MAIDEN NAME	MOTHER	Anna Trujillo	

I HEREBY CERTIFY that the child described herein has been named

ELSA REFUGIA RUIZ

(Give name in full) (Surname) Pablo De Anda (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. FORM 10-1-43-S.P.Co.

599-704-136