#161

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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

SEX OF CHILD* Female	Twin / Triplet / or other? other and	Number in order of birth
DATE OF BIRTH* Nov. (Month) 29, (Day) 1922 (Year)		
FULL NAME	FATHER Ramon Ramirez	
FULL* MAIDEN NAME	MOTHER Josefa Monray	

*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.

5M 5/20/41

I HEREBY CERTIFY that the child described herein has been named

Rudelia Ramirez
(Give name in full) (Surname)

Ramon Ramirez
(Parent's Signature)

(Information taken from affidavit filed 8-14-40. Destroyed 11-25-41)
(Signature of Physician or Midwife)

999-1129-148