

CCC

166

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami, Arizona County Hila No. _____ St. _____

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Nov. 30, 1922
(Month) (Day) (Year)

Esther Rubis
(Give name in full) (Surname)

FULL* NAME Pedro B Rubis FATHER

Pedro B Rubis
(Parent's Signature)

FULL* MAIDEN NAME Esther Maciel MOTHER

(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.

SM 6-1-38

Dr. Valenzuela

596-1130-543