

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth COPPER HILL County GILA No. GENERAL DELIVERY St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>FEMALE</u>			
DATE OF BIRTH*	<u>MARCH</u>	<u>6</u>	<u>1923</u>
	(Month)	(Day)	(Year)
FULL* NAME	FATHER <u>YSIDRO RAMIREZ</u>		
FULL* MAIDEN NAME	MOTHER <u>AMADA MUNOZ RAMIREZ</u>		

I HEREBY CERTIFY that the child described herein has been named

VICTORIA RAMIREZ RAMIREZ
 (Give name in full) (Surname)

Marcos Ramirez Ramirez
 (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

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Birth records of birth may be obtained from the local registrar.

599-306-149