MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

SEX OF CHILD*	Twin / Triplet / or other?	and	Number in order of birth
Male			

DATE OF BIRTH* April 7th, 1925 (Month) (Day) (Year)

FULL NAME	FATHER Pilar Ramos
FULL* MAIDEN NAME	MOTHER Viviana ~~M. Ramos~~ Medrano

I HEREBY CERTIFY that the child described herein has been named

Jose M. Ramos
(Give name in full) (Surname)

x Pilar Ramos
(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.

10M—8-42—Bower Co.

Am. ____ File 192-407-541