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

Local Registrar's No.*.....

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

SEX OF CHILD* Female | Twin Triplet or other? | and | Number* in order of birth 1

DATE OF BIRTH* May (Month) 6 (Day) 1925 (Year)

FULL* NAME FATHER Ramon Baroldy

FULL* MAIDEN NAME MOTHER Refugia Laguna

I HEREBY CERTIFY that the child described herein has been named

Maria Luisa Baroldy
(Given name in full) (Surname)

Ramon Baroldy
(Father's or Mother'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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

170

428-50-931

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JUN 12 1925
File

MARGIN RESERVED
This supplemental beneath