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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTAL REPORT OF BIRTH

Local Registrar's No.* 51

Place of Birth HAYDEN (Registration District)

FILA No. ..... St.

SEX OF CHILD* MALE | Twin Triplet or other? } and }

HEREBY CERTIFY that the child described herein has been named

RAMON BRAVO ORTIZ
(Given name in full) (Surname)

DATE OF BIRTH* JUNE 8 (Month) (Day) 19 (Year)

FULL* NAME FATHER YGNACIO ORTIZ

Brijida Bravo Ortiz
(Father's or Mother's Signature)

FULL* MAIDEN NAME MOTHER BRIJIDA BRAVO

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

(Signature of Physician or Midwife)

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.

969 – 604 – 226

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.