ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 164

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

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

DATE OF BIRTH* June (Month) 15 (Day) 1925 (Year)

FULL* NAME — FATHER: Jose Ramirez

FULL* MAIDEN NAME — MOTHER: Susana Villegas

I HEREBY CERTIFY that the child described herein has been named

MARIA GUADALUPE (Give name in full) RAMIREZ (Surname)

X Josemaria Ramirez (Parent's Signature) father

(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 1-45

499 - 615 - 252