ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 170

Place of Birth Miami Ariz County ..... No. I don't remembered Rose road
(Registration District)

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

DATE OF BIRTH* June (Month) 17 (Day) 1925 (Year)

FULL NAME FATHER Valentin Ramirez

FULL* MAIDEN NAME MOTHER Maria Lazo Ramirez

I HEREBY CERTIFY that the child described herein has been named

Ruben Ramirez
(Give name in full) (Surname)

Valentin Ramirez
(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.

5M 5/20/41

999-117-499 Dr Crown

RECEIVED
JUL 10 1925
File

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10/22/90