ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 141

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

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

DATE OF BIRTH* July 2 - 1925 (Month) (Day) (Year)

FULL NAME FATHER Agustin Monarrez

FULL* MAIDEN NAME MOTHER Mercedes Ramos

I HEREBY CERTIFY that the child described herein has been named

Maria de Refugio Monarrez (Give name in full) (Surname)

x Mercedes R Monarrez (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

459-702-492

RECEIVED