

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 146

Place of Birth Miami City County Gila No. _____ St. _____

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

DATE OF BIRTH* September 24 1925
(Month) (Day) (Year)

FULL NAME Joe Ruiz FATHER

FULL MAIDEN NAME Micaela Muscarelli MOTHER

I HEREBY CERTIFY that the child described herein has been named

Blanca Ruiz
(Give name in full) (Syr name)

Nellie Ramos
(Parent's Signature) Cassin

(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-8-42-Bower Co.

259-921-449

MARGIN 1 US