

70760 \$1.00 retn.

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 199

Place of Birth* Miami Gila
City County Local Registrar's No.*

SEX OF CHILD*	DATE OF BIRTH*		
Female	Oct.	25,	1925
	(Month)	(Day)	(Year)
FULL* NAME	FATHER		
	Juan Ramirez		
FULL* MAIDEN NAME	MOTHER		
	Ansencia Diandi		

I HEREBY CERTIFY that the child described herein has been named

✓ Tabiana Ramirez
(First) (Middle) (Last)

✓ Francisco Ramirez
(Parent's Signature)

✓ Date 8/31/51
(Month) (Day) (Year)

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