

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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. *176*

Place of Birth  
(Registration District)

*miami* County *Dils*

No. *8016 Hicks Camp* St.

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

*male*

DATE OF BIRTH

*July 30 1926*  
(Month) (Day) (Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

*Jose M. Cruz*

*Romessa Ybarra*

I HEREBY CERTIFY that the child described herein  
has been named

*Rodolfo Cruz*  
(Give name in full)

(Surname)

*Salvatore D. Ybarra*  
(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.  
10M 10-1-42—S.P.Co.

939-730-781