

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. #.....

Place of Birth Miami Univ. County, Ohio No. Mexican St.
(Registration District)

174

SEX OF CHILD* <u>Girl</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>Aug. 15 1926</u>	(Month)	(Day)	(Year)
FULL NAME <u>Clemente Valtierra</u>	FATHER		
FULL* MAIDEN NAME <u>Ricarda Ramon</u>	MOTHER		

I HEREBY CERTIFY that the child described
herein has been named

Juana Valtierra
(give name in full) (Surname) Valtierra

Ricarda R Valtierra
(Parent's Signature)

Delfina A Dominguez
(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.

151-815-992