MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 150

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* May 17, 1928 (Month) (Day) (Year)

FULL* NAME FATHER: Jose Ramirez

FULL* MAIDEN NAME MOTHER: Gorgonia Parra

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

I HEREBY CERTIFY that the child described herein has been named

Alicia Ramirez
(Give name in full) (Surname)

Gorgonia Parra Ramirez
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43—S.P.Co.

199-517-771

JUN 12 1928
Ans. File

order