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) Mrs

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 126

Place of Birth Clay pool - ARIZ County Gila No. ..... St.
(Registration District)

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

DATE OF BIFH* June (Month) 1 (Day) 1928 (Year)

FULL* NAME ~~FATHER~~ Mother Agustina Garcia

FULL* MAIDEN NAME ~~MOTHER~~ Father Pedro Ramirez

I HEREBY CERTIFY that the child described herein has been named

J. Ramon Ramirez
(Give name in full) (Surname)

Antonio Ramirez Ramos
~~(Parent's Signature)~~

Relative present at the birth of child.

(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 1-45

199-601-171