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# 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 (Registration District) Miami County Gila No. ..... St.

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

DATE OF BIRTH* September 26, 1928 (Month) (Day) (Year)

FULL NAME FATHER Miguel Rivera

FULL* MAIDEN NAME MOTHER Engracia Gonsales

I HEREBY CERTIFY that the child described herein has been named

RAMON RIVERA

(Give name in full) (Surname)

Mrs Engracia G. Rivera
(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 10-1-43—S.P.Co.

991-926-579

MARGIN RESERVED FOR BINDING

USE PERMANENT INK