ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 177

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

Place of Birth Miami (Registration District) County Gila No. St.

EX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
ale			

ATE OF BIRTH* December (Month) 26, (Day) 1928 (Year)

ULL* AME FATHER Ricardo Moralez

ULL* AIDEN AME MOTHER Elvira Romero

I HEREBY CERTIFY that the child described herein has been named

Ricardo R. (Give name in full) Moralez (Surname)

Ricardo J. Moralez (Parent's Signature)

Maria A. Espinoza (Signature of Physician or Midwife) AUNT PRESENT AT BIRTH

(*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.

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949-1226-596

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