

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

150

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
(Registration District)

County Gila

No. _____ St.

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

I HEREBY CERTIFY that the child described herein
has been named

RAMONA GRIJALVA MAZON

(Give name in full)

(Surname)

Agapita G. Mazon
(Parent's Signature)

(Signature of Physician or Midwife)

DATE OF BIRTH* January 15 1929
(Month) (Day) (Year)

FATHER
Felix Mazon

MOTHER
Agapita Grijalva

NAME

*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 10-1-48-S.P.Co.

945-115-171