

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.* 143

Place of Birth Miami County Gila No. 139 B. Grover Canyon St.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 14, 1929
(Month) (Day) (Year)

Ramon Valentino Villagomez
(Give name in full) (Surname)

FULL* FATHER
 NAME Ramon Villagomez

Teresa Villagomez
(Parent's Signature)

FULL* MOTHER
 MAIDEN NAME Dominga De Elena

Sister
(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.

959-614-441