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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*

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

SEX OF CHILD*	Twin Triplet Other?	and	Number in order of birth
M			

DATE OF BIRTH* August (Month) 22 (Day) 1927 (Year)

FULL NAME — FATHER: ~~Jesse Lopez~~ James Lot

FULL* MAIDEN NAME — MOTHER: Antonia ~~Portillo~~ Lopez

I HEREBY CERTIFY that the child described herein has been named

ROGELIO LOPEZ
(Give name in full) (Surname)

Antonia Portillo Lopez
(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—8-42—Bower

939-822-139