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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. 118

Place of Birth Miami
(Registration District)

County Dela

No. _____

St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			
DATE OF BIRTH*	December	3rd	1930
	(Month)	(Day)	(Year)
FULL* NAME	FATHER		
	Julio Perez		
FULL* MAIDEN NAME	MOTHER		
	Guadalupe Lopez de Perez		

I HEREBY CERTIFY that the child described herein has been named

Gustavo Adolfo Perez
(Give name in full) (Surname)

Julio Perez
(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.

779-1203-739

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