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.* 121

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

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

DATE OF BIRTH* Dec. (Month) 20 (Day) 1930 (Year)

FULL* NAME FATHER Roy Santa Cruz

FULL* MAIDEN NAME MOTHER Esperanza Carrizosa

I HEREBY CERTIFY that the child described herein has been named

Ana Rose Santa Cruz
(Give name in full) (Surname)

Roy and Esperanza Santa Cruz
(Parent's Signature)

Dr. C. Harper - of Globe
(Signature of Physician or Midwife)

(Relative) Manuel H. Carrizosa

*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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ARIZONA STATE BOARD OF HEALTH
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