State File No. 128.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 128

Place of Birth (Registration District) Miami, Ariz. County Gila No. 1215 Allderman St.

SEX OF CHILD*	Twin Triplet or other?		Number in order of birth
female	no	and	7

DATE OF BIRTH* april 17th 1931 (Month) (Day) (Year)

FULL NAME	FATHER Antonio Inguez
FULL MAIDEN NAME	MOTHER Antonia Lopez

I HEREBY CERTIFY that the child described herein has been named

Ophelia Iniguez
(Give name in full) (Surname)

Antonio Iniguez
(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.

5M 5/20/41

699-417-139

MARGIN RESERVED FOR BINDING

USE PERMANENT INK