MARGIN RESERVED FOR BINDING

USE PERMANENT INK

# 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.* 1061

Place of Birth Phoenix (Registration District) County Gila No. 6 Rail Road Ave St.

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

DATE OF BIRTH* 24 July 1932 (Month) (Day) (Year)

FULL NAME FATHER Pruciliano Lobato

FULL MAIDEN NAME MOTHER Luz Lugo Lobato

*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 1-45

I HEREBY CERTIFY that the child described herein has been named

Alfredo Lobato, (Give name in full) (Surname)

Pruciliano Lobato (Parent's Signature)

(Signature of Physician or Midwife)

Luz Lugo Lobato

136-724-336