

1163

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>May</u>	<u>2</u>	<u>1969</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
<u>Vicente R. Lopez</u>			
FULL MAIDEN NAME	MOTHER		
<u>Mercedes B. Garcia</u>			

I HEREBY CERTIFY that the child described herein has been named

Jose Ronaldo Lopez
(Give name in full) (Signature)

Mercedes B. Lopez
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form. Head

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

139-502-1171