

1954

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* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth <u>4</u>
DATE OF BIRTH* <u>Dec. 23 1915</u> (Month) (Day) (Year)			
FULL NAME <u>Ramon Arzona</u>		FATHER	
FULL MAIDEN NAME <u>Guadalupe Lopez</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Aurora Arzona
(Give name in full) (Surname)

Ramon Arzona
(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 11-41 A.P.

✓ 111-1223-739