

1145

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. ¹⁶⁰

Place of Birth Globe, Ariz. County Gila No. 407 Euclid St.

SEX OF CHILD* Twin } and } Number in order of birth
Triplets }
or other? }

DATE OF BIRTH* 7 10 21
(Month) (Day) (Year)

FULL NAME Charles Lopez Garcia
FATHER

FULL MAIDEN NAME Josephine Hidalgo
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Beatrice Garcia
(Give name in full) (Surname)

Charles Garcia
(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

✓ 271-710-186