Pedro Lopez 23394 1 cop

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

(T) by

...MENT OF HEALTH
... STATISTICS
...PORT OF BIRTH

State No. 141
County Registrar's No.*.....

Place of Birth (Registration District) Globe County Gila No. County Hospital St.

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

DATE OF BIRTH* October (Month) 17 (Day) 1921 (Year)

FULL* NAME — FATHER: Eustaquio Lopez

FULL* MAIDEN NAME — MOTHER: Guadalupe Ortega

I HEREBY CERTIFY that the child described herein has been named

Pedro (Give name in full) Lopez (Surname)

Jacoma L Esparza (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.

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