2373

128

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* _____

Place of Birth Miami (Registration District) County Gila No. 26 Arizona St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
male	—		2nd

DATE OF BIRTH* June (Month) 18 (Day), 1922 (Year)

FULL* NAME — FATHER: Jose Ruiz Lopez

FULL* MAIDEN NAME — MOTHER: Maria Rojas

I HEREBY CERTIFY that the child described herein has been named

Manuel Rojas Lopez
(Give name in full) (Surname)

Maria Rojas Lopez
(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 6-1-38

439-618-492