

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

preferably be made
made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Miami Arizona County Gila No. 402 Rose Road St.
istrict)

Twin Triplet or other?	and	Number* in order of birth
March	25 th	23
(Month)	(Day)	(Year)

I HEREBY CERTIFY that the child described herein has
been named

Gustavo Lopez
(Give name in full) (Surname)

Romelia Corella
(Parent's Signature)

FATHER
Alfredo Lopez
MOTHER
Romelia Corella

(Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.

mental reports of birth may be obtained from the local registrar.
ars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of

739-325-931