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MAY 22 1946

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *142

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

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 20 1923
(Month) (Day) (Year)

Luis Esparza
(Give name in full) (Surname)

FULL* FATHER
NAME Ascencion Esparza

Luz J Esparza
(Parent's Signature) mother

FULL* MOTHER
MAIDEN NAME Luz Jaquez

(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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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

351-620-319