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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.* 245

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

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

DATE OF BIRTH* July (Month) 5 (Day) 1923 (Year)

FULL* NAME FATHER Diego Lopez

FULL* MAIDEN NAME MOTHER Ignacia Perez

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

I HEREBY CERTIFY that the child described herein has been named

Zacarias Perez Lopez
(Give name in full) (Surname)

Benito Lopez
BROTHER (Parent's Signature)

unavailable
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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939-705-879