# ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 138

Place of Birth (Registration District) Miami, Arizona County Pima No. ..... St.

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

DATE OF BIRTH* March (Month) 5 (Day), 1924 (Year)

FULL NAME — FATHER: Plutarco Cervantez Lopez

FULL* MAIDEN NAME — MOTHER: Felipa Orapeza

I HEREBY CERTIFY that the child described herein has been named Jesusita Orapeza Lopez

Jesusita Lopez Orapeza
(Give name in full) (Surname)

Felipa O. 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.
10M 10-1-43—S.P.Co.

139 - 305 - 661