

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.*

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

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Female					
DATE OF BIRTH*	March 23 1924				
	(Month)	(Day)	(Year)		
FULL NAME	FATHER Francisco Esparza				
FULL MAIDEN NAME	MOTHER Herminia Lopez				

I HEREBY CERTIFY that the child described herein has been named

VICTORIA S. ESPARZA

(Give name in full) (Surname)

Geronimo 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.

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551-323-839