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.* 180

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

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

DATE OF BIRTH* November 23, 1924
(Month) (Day) (Year)

FULL NAME — FATHER: Julio Perez

FULL* MAIDEN NAME — MOTHER: Guadalupe Lopez

I HEREBY CERTIFY that the child described herein has been named

Alfredo Perez
(Give name in full) (Surname)

Julio Perez
(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 10-142—S.P.Co.

179 - 1123 - 739