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.* 161

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

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

DATE OF BIRTH* May (Month) 3 (Day) 1925 (Year)

FULL NAME FATHER: Andres Lopez

FULL* MAIDEN NAME MOTHER: Toribia Gonzalez Lopez

I HEREBY CERTIFY that the child described herein has been named

Rebecca Cruz Lopez
(Give name in full) (Surname)

Toribia Gonzalez 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.

1—8-42—Bower Co.

939-503-379

3449 3-22-50

RECEIVED
JUN 12 1925

#2013

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

10M