MARGIN RESERVED FOR BINDING
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 185

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

Place of Birth Globe, Ariz (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* July (Month) 9 (Day) 1925 (Year)

FULL* NAME FATHER Pablo Muñoz

FULL* MAIDEN NAME MOTHER Virginia Monica Esparza

I HEREBY CERTIFY that the child described herein has been named

Robert Esparza Muñoz
(Give name in full) (Surname)

Francisca M Esparza
(Signature of Physician or Midwife)

(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 1-45

949-720-551