MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* Hilda 20 ny

Place of Birth Claypool County Gila No. none St.
(Registration District)

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

DATE OF BIRTH* July - 28 - 1925
(Month) (Day) (Year)

FULL* NAME FATHER Manuel P. Lopez

FULL* MAIDEN NAME MOTHER Rafaela Chavez Lopez

I HEREBY CERTIFY that the child described herein has been named

Hilda Lopez
(Give name in full) (Surname)

Manuel P. Lopez
(Parent's Signature)

Dr. Brayton F. Dean
(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.

5M 7/11/40

839-728-939