

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

State File No. 208

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. *11508*

Place of Birth Globe, Ariz. County Gila No. 420 Hill St.

SEX OF CHILD\* Twin  
Male | Triplet or other? no } and } Number in order of birth 4

DATE OF BIRTH\* July 28th 1925.  
(Month) (Day) (Year)

FULL NAME FATHER  
Antonio Iniguez

FULL MAIDEN NAME MOTHER  
Antonia Lopez

\*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 6/20/41

I HEREBY CERTIFY that the child described herein  
has been named

Victor Iniguez  
(Give name in full) (Surname)

*Antonio Iniguez*  
(Parent's Signature)

(Signature of Physician or Midwife)

599-720-139