1553

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

'd preferably be made
' made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

h Miami Arizona County Gila No. Church Hill St.
District)

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

I HEREBY CERTIFY that the child described herein has been named

Armando Lopez
(Give name in full) (Surname)

Teresa Villiger
(Parent's Signature) (Grand mother) Parents Dead

(Signature of Physician or Midwife)

OF BIRTH* August 10, 1925
(Month) (Day) (Year)

FATHER
Eustacio Lopez

MOTHER
Refujio Rojas

*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.

6-1-38

139-810-992

6183 5/10/61

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SEP 12 1925
File

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