

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth *Miami Ariz* County *Arizona* No. *1133* *Sullivan* St.
(Registration District)

SEX OF CHILD* <i>Female</i>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <i>Oct 16 1925</i>	(Month)	(Day)	(Year)
FULL NAME <i>Pedro Lozano</i>	FATHER		
FULL MAIDEN NAME <i>Anna Ramos</i>	MOTHER		

I HEREBY CERTIFY that the child described
herein has been named

Rosa Lozano
(Give name in full) (Surname)

Anna Ramos
(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.
10-11-41.A.P.

936-1016-192

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FILED

1925