

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 162

Place of Birth Miami County Gila No. St.

SEX OF CHILD* Male	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH* May 20, 1926 (Month) (Day) (Year)					
FULL* NAME FATHER Francisco R. Lopez			MOTHER Matilde Diaz		

I HEREBY CERTIFY that the child described herein has been named

Roberto D. Lopez (Give name in full) (Surname)

*Matilde Diaz* (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.

939-520-4479