

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

APR 10 1946

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 7720

Place of Birth Miami County Gila No. _____ St. _____
 (Registration District)

SEX OF CHILD* male	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>June</u> <u>28</u> <u>1926</u>	(Month)	(Day)	(Year)
FULL NAME <u>Isabel Lopez</u>	FATHER		
FULL MAIDEN NAME <u>Rosa Garcia</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

✓ Julian Lopez
 (Give name in full) (Surname)
 ✓ Rosa Garcia
 (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.
 10M 11-41 A.P.

139-628-971

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