

MARGIN RESERVED FOR BINDING

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ARIZONA STATE BOARD OF HEALTH  
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.\*

Place of Birth Miami, Arizona County Gila No. Church Hill St.  
(Registration District)

SEX OF CHILD\* Male Twin Triplet or other?  and  Number\* in order of birth

DATE OF BIRTH\* July 31, 1926  
(Month) (Day) (Year)

FATHER FULL\* NAME Custasio Lopez

MOTHER FULL\* MAIDEN NAME Relujia Rojas

I HEREBY CERTIFY that the child described herein has been named

Ernesto Lopez  
(Give name in full) (Surname)

Teresa Villigas  
(Parent's Signature) Parents dead  
(Grandmother)

(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.

539-731-992