MARGIN RESERVED FOR BINDING

USE PERMANENT INK

Jesus Esparza Muñoz

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be ... le by the person who made the ori... l)

County Registrar's No.*.....

Place of Birth Globe ... County Gila No. ..... St.

(Registration District)

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

DATE OF BIRTH* Feb. (Month) 4 (Day) 1928 (Year)

FULL* NAME FATHER Pablo Muñoz

FULL* MAIDEN NAME MOTHER Virginia Monica Esparza

I HEREBY CERTIFY that the child described herein has been named

Jesus Esparza Muñoz

(Give name in full) (Surname)

Francisca M Esparza

grandmother (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.

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