ARIZONA STATE BOARD OF HEALTH

#118

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

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

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

DATE OF BIRTH* March (Month) 9 (Day) 1928 (Year)

FULL* NAME FATHER Ysedro Montano

FULL* MAIDEN NAME MOTHER Ysabel Lopez

I HEREBY CERTIFY that the child described herein has been named

Celia (Given name in full) Lopez (Surname)

Isabel Lopez Cardona

(Father's or Mother'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. Local registrars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN INK.

May have been filed in 1927 - should be 1928