

USE PERMANENT INK

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

ARIZONA STATE DEPARTMENT OF HEALTH

131

DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. #

Place of Birth

Miami County Gila No. St.
(Registration District)

I HEREBY CERTIFY that the child described herein has been named

Aurora Mendoza Lopez
(Give name in full) (Surname)

SEX OF CHILD*

Female

win triplet or other? { and } Number in order of birth

DATE OF BIRTH

May 10 1928
(Month) (Day) (Year)

FULL NAME

FULL MAIDEN NAME

FATHER: Juan Dominguez Lopez
MOTHER: Julia Mendoza

Juan Dominguez Lopez
(Parent's Signature)

(Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.

Additional reports of birth may be obtained from the local registrar.

139-510-141

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