

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

119

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

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.

Place of Birth Miami County Gila No. 23 Greer Canon St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Female</u>			
DATE OF BIRTH* <u>Oct 21</u> 19 <u>28</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER <u>Juan Espinoza</u>		
FULL* MAIDEN NAME	MOTHER <u>Adelaz Benitez</u>		

I HEREBY CERTIFY that the child described herein has been named

Gaudaloupe Espinoza
(give name in full) (Surname)

(Parent's signature)
Loyil M. Brown
(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 county registrar. County registrars must mail with original certificate on tenth day of following month.

751-1021-129

RECEIVED
NOV 14 1928
Ans. Fi