ARIZONA STATE BOARD OF HEALTH Vol. 7-27 # 149

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) Miami County Gila No. 820 Live Oak St. St.

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

DATE OF BIRTH* July 8th (Month) (Day) 192 7 (Year)

FULL* NAME — FATHER: Severo Tarango

FULL* MAIDEN NAME — MOTHER: Francisca Besarel

I HEREBY CERTIFY that the child described herein has been named

Alfredo Tarango
(Given name in full) (Surname)

X Severo Tarango
(Father's or Mother's Signature)

C. M. Cron M.D.
(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.

11-23-27 136-708-623

Supplementary report must be returned within 15 days

RECEIVED
AUG 2 1927
Ans. File