3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Nogales, Ariz County Santa Cruz No.....St.
(Registration District)

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

DATE OF BIRTH* August (Month) 21 (Day), 1937 (Year)

FULL NAME FATHER Manuel H. Tarango

FULL MAIDEN NAME MOTHER Ramona Espino

I HEREBY CERTIFY that the child described herein has been named

Adela Tarango
(Give name in full) (Surname)

Mrs. Manuel H. Tarango
(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

136-821-956