

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *1122

Place of Birth Miami (Registration District) County _____ No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Sept 17 27
(Month) (Day) (Year)

Rodolfo F. Tarango
(Give name in full) (Surname)

FULL NAME FATHER Benigno H. Tarango

Ramona F. Garcia
(Parent's Signature)

FULL MAIDEN NAME MOTHER Ramona Flores

(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.
10M 11-41 A.P.

936-917-962