MARGIN RESERVED FOR BINDING
USE ... INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 265

Place of Birth Miami (Registration District) County Gila No. 1711 Live Oak St. St.

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

DATE OF BIRTH* Jan (Month) 29 (Day) 1930 (Year)

FULL* NAME FATHER Ramon Duran

FULL* MAIDEN NAME MOTHER Carmen Tafia

I HEREBY CERTIFY that the child described herein has been named

Ramon (Give name in full) Duran (Surname)

(Parent's Signature)

Miguel Arellano and Isidra G. Arellano (Grand parents)

(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 1-45

945-127-331

Received
FEB 12 1930
Arizona State Board of Health