MARGIN RESERVED FOR BINDING
USE PERMANENT INK

122

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.*.....

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

SEX OF CHILD* female | Twin Triplet or other? | and | Number in order of birth 21

DATE OF BIRTH* Nov. (Month) 20 (Day) -31 (Year)

FULL NAME Jesus Montaño FATHER

FULL* MAIDEN NAME Fidela Barriga MOTHER

I HEREBY CERTIFY that the child described herein has been named

Angelina Montaño (Give name in full) (Surname)

Valentin Barriga (Parent's Signature)

146-1121-621 (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—8-42—Bower Co.

11-21-31

Received
Arizona State Board of Health
FEB 27 1932