MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 1190

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

SEX OF CHILD* Female | Twin Triplet or other? | and | Number in order of birth 8

DATE OF BIRTH* Feb. (Month) 15 (Day) 1932 (Year)

FULL* NAME FATHER Narciso Gaona

FULL* MAIDEN NAME MOTHER Teresa Navarette

I HEREBY CERTIFY that the child described herein has been named

Guadalupe N. Gaona (Give name in full) (Surname)

(Parent's Signature)

Cyril M. Cron MD (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 1-45 771-215-355

32575