

2594

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

146

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.*

Place of Birth Gila
(Registration District)

County Miami

No. _____ St. _____

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

I HEREBY CERTIFY that the child described herein has been named

Simon Gaona

(Give name in full)

(Surname)

DATE OF BIRTH* June 24 1916
(Month) (Day) (Year)

FULL* FATHER
NAME Nicolas Gaona

Victoria A. Gaona
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Victoria Sigala

(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 10-1-43—S.P.Co.

271-629-521