

2453

MARGIN RESERVED OR BINDING

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

Place of Birth Mexico  
(Registration District)

SEX OF CHILD\*  Twin  Triplet  or other?

DATE OF BIRTH\* October 22 1919  
(Month) (Day) (Year)

FULL\* NAME Crispin CRONADO

FULL\* MAIDEN NAME Angela AYVA

\*These items to be entered by local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

ZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 738

29th County Greene No. \_\_\_\_\_ St. \_\_\_\_\_

Number in order of birth  
22 1919  
(Day) (Year)

I HEREBY CERTIFY that the child described herein has been named

John Flaminio Coronado  
(Give name in full) (Surname)

Angela M. Coronado  
(Parent's Signature)

(Signature of Physician or Midwife)

136-1022-141