1027

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 1

Place of Birth Miami (Registration District) County Gila No. Puerto Rico Canon St. no 4

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male	✓		4

DATE OF BIRTH* October 24 - 1923 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Narciso Gaona	
FULL* MAIDEN NAME		Teresa Navarette.

I HEREBY CERTIFY that the child described herein has been named

Rafael Gaona (Give name in full) (Surname)

Teresa Gaona (Parent's Signature)

Myrtle N. Bron 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.

5M 5/20/41

971 - 1024 - 355