

UNION OF ... STATE ...

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 201

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>April 29-1925</u> (Month) (Day) (Year)			
FULL NAME <u>Angel Carranco</u>	FATHER		
FULL MAIDEN NAME <u>Manuela de Carranco</u>	MOTHER <u>Paula</u>		

I HEREBY CERTIFY that the child described herein has been named

Angel Carranco
(Give name in full) (Surname)

PV Moran
(Parent's Signature)

Paula
(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.

SM 5/20/41

✓ 136-429-422

MAY 12 1925
File

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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