

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

196

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

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

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
DATE OF BIRTH*	<u>Nov</u>	<u>28</u>	<u>1925</u>		
	(Month)	(Day)	(Year)		
FULL NAME	<u>Hilario Oregon</u>				
	FATHER				
FULL MAIDEN NAME	<u>Margarita Preciado</u>				
	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

Antonio Oregon
(Give name in full) (Surname)
Hilario V. Oregon
(Parent's Signature)

(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-8-42-Bower Co.

165-1128-476

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CEIVED