

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

227

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 55

Place of Birth Hayden County Gila No. _____ St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Aug. 29 1926
(Month) (Day) (Year)

Lidia Morano
(Given name in full) (Surname)

FULL NAME FATHER Manuel Morano

Adelina Fabia de Morano
(Father's or Mother's Signature)

FULL NAME MOTHER Adelina Pajon

Charles H. Huestis
(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.

Local registrars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN INK.

346-829-131

VED
1926