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OCT 13 1926

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 156

Place of Birth Miami County Gila No. P. Rico Canyon St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			5

DATE OF BIRTH Sept (Month) 12 (Day) 1926 (Year)

FULL* NAME FATHER Narciso Goana

FULL* MAIDEN NAME MOTHER Teresa Navarette

I HEREBY CERTIFY that the child described herein has been named

Miguel N Goana
(Give name in full) (Surname)

(Parent's Signature)

Cyril M. Corson 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.

KM 1-45

471-912-355

MARGIN RESERVED FOR BINDING
USE PERMANENT INK