

RECEIVED

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 1116

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

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec. 10, 1926
(Month) (Day) (Year)

Miguel Peña Corona
(Give name in full) (Surname)

FATHER
FULL* NAME Jose Maria Corona

Jose M. Corona
(Parent's Signature)

MOTHER
FULL* MAIDEN NAME Mercedes ~~Rena~~ PENA

(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 1-45

431-1210-471