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.* 204

Place of Birth (Registration District) Miami, Ariz County Gila No. 818 Live Oak St.

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

DATE OF BIRTH* February (Month) 28 (Day) 1928 (Year)

FULL* NAME FATHER Benigno H. Tarango

FULL* MAIDEN NAME MOTHER Jesusita Olvera

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Bertha Tarango
(Give name in full) (Surname)

Benigno H Tarango
(Parent's Signature)

Myrie M. Aron MD
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

236-228-161