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.* 146

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

SEX OF CHILD* Male | Twin / Triplet / or other? | and | Number in order of birth 6

DATE OF BIRTH* Julia (Month) 16 (Day) 1928 (Year)

FULL* NAME FATHER Narciso Gaona

FULL* MAIDEN NAME MOTHER Teresa Navarette

I HEREBY CERTIFY that the child described herein has been named

Antonio N. Gaona
(Give name in full) (Surname)

(Parent's Signature)

Boyd M. Baron M.D.
(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

171-716-355

VED
1928
File