

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

230

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.\*

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
Male					
DATE OF BIRTH* <u>Aug 28, 1929</u>					
		(Month)	(Day)	(Year)	
FULL NAME	FATHER <u>Hilario Cano</u>				
FULL MIDEN NAME	MOTHER <u>Lupe Pena</u>				

I HEREBY CERTIFY that the child described  
herein has been named

Joe Cano

(Give name in full)

(Surname)

Mrs. E. C. Ramirez

(Parent's Signature)

(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.

IC-8-42-Bower Co.

136-828-371