

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

162

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
(Registration District)

Globe

County

Gila

No.

3807 Sutherland St.

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 De Mario

DATE OF BIRTH* (Month) (Day) (Year)

March 20 1927

Angelo Adame De Mario, Jr.
(Give name in full) (Surname)

FULL NAME

FATHER Angelo De Mario De Mario

Angelo De Mario
(Parent's Signature)

FULL MAIDEN NAME

MOTHER Enrichetta De Mario

(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 10-1-43-S.P.Co.

146-320-546