154

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 1522 L. O. Canon County Gila No. Miami Arizona
(Registration District)

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

DATE OF BIRTH* April (Month) 12 (Day) 1927 (Year)

FULL* NAME FATHER Santos Guglielmo

FULL* MAIDEN NAME MOTHER Josephina Hernandez

I HEREBY CERTIFY that the child described herein has been named

Joe (Give name in full) Guglielmo (Surname)

Josephina Guglielmo (Parent's Signature)

Cyril M. Cron MD (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.

176-412-189

USE PERMANENT INK

MAY 13 1927

Ans. File