ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.* 201

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

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

DATE OF BIRTH* Feb. (Month) 23 (Day), 1930 (Year)

FULL* NAME Lorenco Canfisi FATHER

FULL* MAIDEN NAME Elvira Martinez MOTHER

I HEREBY CERTIFY that the child described herein has been named

Mary Lou Canfisi
(Give name in full) (Surname)

Mrs. Elvira M. Canfisi
(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.

10M 1-45

439-223-549

1536 3.17.29

MAR 11 1930
State Board of Health

MARGIN RESERVED FOR BINDING