ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Place of Birth (Registration District) Miami, Ariz. County Gila No. Miami Unif. Sch. Dist. St.

SEX OF CHILD*	Twin, Triplet or other?	and	Number* in order of birth
male	—		

DATE OF BIRTH* April (Month) 25 (Day) 1931 (Year)

FULL NAME* FATHER Sam Lazovich

FULL MAIDEN NAME* MOTHER Ljubica Radovich

I HEREBY CERTIFY that the child described herein has been named

Susan Lazovich (Given name in full) (Surname)

Sam Lazovich (Father's or Mother's Signature)

L. M. Loron MD (Signature of Physician or Midwife)

438-425-398

*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. Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

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