MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 130

Place of Birth: Globe, Ariz. (Registration District) County Gila No. St.

SEX OF CHILD*: Male

Twin / Triplet / or other? and Number in order of birth

DATE OF BIRTH*: May (Month) 21st (Day) 1931 (Year)

FULL NAME — FATHER: Anthony Oddonetto

FULL* MAIDEN NAME — MOTHER: Herlinda De La Toba

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

John (Give name in full) Oddonetto (Surname)

Herlinda Oddonetto (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

166-521-841