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

County Registrar's No.* 151

Place of Birth (Registration District) Globe, Arizona County Gila No. 457 Cedar St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
MALE			1

DATE OF BIRTH* SEPT. (Month) 25 (Day) 1931 (Year)

FULL NAME — FATHER: Giosue Charles Naddeo

FULL* MAIDEN NAME — MOTHER: Ebba Lovisa McCann

I HEREBY CERTIFY that the child described herein has been named

Charles Richard Naddeo
(Give name in full) (Surname)

Mrs. Ebba Lovisa Naddeo
(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.

5M 5/20/41

356-925-545