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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

is return should preferably be made
the person who made the original)

Place of Birth Globe (Registration District) County Gila No. 339 East Oak St.

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

I HEREBY CERTIFY that the child described herein has been named

DANIEL Spiro MARKICHEVICH
(Give name in full) (Surname)

Spiro L. Markichevich
(Parent's Signature)

A OF BIRTH* Oct 13 - 1931, 1931
(Month) (Day) (Year)

FATHER
Spiro Lukin Markichevich

MOTHER
EN Sarinka Milovich

(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.

1-1-38

448-1013-448