State File No. 102, Gila Co.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 102

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			3

DATE OF BIRTH* October 14, 1931 (Month) (Day) (Year)

FULL NAME FATHER Dominick Rosa

FULL* MAIDEN NAME MOTHER Lena Giacoletti

I HEREBY CERTIFY that the child described herein has been named

John Robert Rosa (Give name in full) (Surname)

Lena Rosa (Parent's Signature)

Harper (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

191-1014-379

Board of Health

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