MARGIN RESERVED FOR BINDING
USE PERMANENT INK

16788

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 106

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

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

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

DATE OF BIRTH* August (Month) 15 (Day) 1932 (Year)

FATHER
FULL NAME Joseph Renon

MOTHER
FULL MAIDEN NAME Regina Maria Selle

I HEREBY CERTIFY that the child described herein has been named

Antonio Giuseppe Renon
(Give name in full) (Surname)

Regina Renon
(Parent's Signature)

Dr. C. C. Gunter
(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.

10M—8-42—Bower Co.

195-815-925