117

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 SM 5-1-31

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 original)

County Registrar's No.*

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

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

DATE OF BIRTH* September (Month) 26 (Day) 193 2 (Year)

FULL* NAME — FATHER: Joe Rolle

FULL* MAIDEN NAME — MOTHER: Anna Baudina

I HEREBY CERTIFY that the child described herein has been named

Joseph Paul Rolle, Jr. (Give name in full) (Surname)

Joe Rolle (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. Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

195-926-121