98A

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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.*.....

Place of Birth Claypool (Registration District) County Gila No. R.R. ave — St.

SEX OF CHILD* male | ~~Twin~~ ~~Triplet~~ or other? | and | Number* in order of birth 8

DATE OF BIRTH* Oct. (Month) 27 (Day) 1932 (Year)

FULL* NAME FATHER Louis Vuksanovich

FULL* MAIDEN NAME MOTHER Stana Mijukovich

I HEREBY CERTIFY that the child described herein has been named

Mitchell Vuksanovich (Give name in full) (Surname)

Stana Vuksanovich + (Parent's Signature)

Cyril M. Cron M.D. (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

Form X

458-1027-2486