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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original.

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			
DATE OF BIRTH* <u>May 17, 1910</u>			
	(Month)	(Day)	192 (Year)
FULL* NAME FATHER			
<u>Ferdinando Mussatto</u>			
FULL* MAIDEN NAME MOTHER			
<u>Barbara Bertodatto</u>			

I HEREBY CERTIFY that the child described herein has been
named

James Mussatto
(Give name in full) (Surname)

Ferdinando Mussatto
(Parent's signature)

R. D. Kennedy M.D.
(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.

146-517-226