530

Ophthalmia neonatorum or babies' sore eyes may cause the blindness of the child unless prevented or cured.

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 around Globe or Miami (Registration District) County Unknown No. ..... St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
male			4

DATE OF BIRTH* July (Month) 7 (Day) 1912 (Year)

FULL NAME FATHER Peter Latkovich

FULL* MAIDEN NAME MOTHER Helen Vidovich

I HEREBY CERTIFY that the child described herein has been named

Nick (Give name in full) Latkovich (Surname)

(Parent's Signature)

Ralph Joseph Schanner Sr. (Signature of Physician or Midwife) (God father)

*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 11-41 A.P.

538-707-158