

2346

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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted

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

SUPPLEMENTARY REPORT OF BIRTH County Register No.\*

Place of Birth Miami Arizona No. Redspring Union St.  
(Registration District)

SEX OF CHILD\* female Twin Triplet or other? { and } Number\* in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* June 18 1913  
(Month) (Day) (Year)

Evelina Pozza  
(Give name in full) (Surname)

FULL\* NAME FATHER Antonio Pozza

(Signature) Antonio Pozza

FULL\* MAIDEN NAME MOTHER Anna Pozza - Daly

Anna Pozza Daly  
(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.

571-618-145