

2153

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 11

Place of Birth Globe County Gila No. 336 Pinal St.

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

I HEREBY CERTIFY that the child described herein has been named

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

Ettarina Bono  
(Give name in full) (Surname)

FATHER  
FULL NAME John B. Bono

John B. Bono  
(Parent's Signature)

MOTHER  
FULL MAIDEN NAME Margaret Giacoma

(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.

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526-1218-471