

669

Please Note: Document(s) Repeated Intentionally

697629 8/10/66

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the original) BUREAU OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. _____

Place of Birth Miami, Ariz. County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Twin } and } Number
Triplet } in order
or other? } of birth
Male } } 1

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Feb. 16 1914
(Month) (Day) (Year)

George Zunic
(Give name in full) (Surname)

FULL NAME FATHER Joseph (Jova) Zunic (deceased)

Katherine Zunic
(Parent's Signature)

FULL MAIDEN NAME MOTHER Katherine Radinovich

Dr. W. Brighton and Mrs. Eva Talovich
(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.

5M 5/20/41

798-216-298