

672

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. *

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

SUPPLEMENTARY REPORT OF BIRTH

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

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					
DATE OF BIRTH*	2	17	1914		
	(Month)	(Day)	(Year)		
FULL* NAME	FATHER Antonio Valesano				
FULL* MAIDEN NAME	MOTHER Margaret Caranto				

I HEREBY CERTIFY that the child described herein has been named

Ralph Nino Antonio Valesano
(Give name in full) (Surname)

X *Antonio Valesano*
(Parent's Signature)

(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.

7/11/40