

2313

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 118

Place of Birth Aloha County Gila No. 716 N. Broad St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>Male</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH May 2 1914
(Month) (Day) (Year)

VERNETTI, JAMES P.
(Give name in full) (Surname)

FULL NAME Verneti FATHER Domenic P.

Domenic P. Verneti
(Parent's Signature)

FULL MAIDEN NAME Paletto MOTHER Theresa

(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.
10M 11-41 A.P.

159-502-376