2338

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.*.....

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

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

DATE OF BIRTH* May (Month) 19 (Day) 1914 (Year)

FULL NAME FATHER Domenick Rabogliatti

FULL* MAIDEN NAME MOTHER Isabella Perino

I HEREBY CERTIFY that the child described herein has been named

Katherine Rabogliatti
(Give name in full) (Surname)

Rose Gaye
(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.
10M—8-42—Bower Co.

299-54-976