2358

Form No. 7 2m 7-15-09

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Register No.* 146

Place of birth Globe Arizona (Registration district) No. ..... St.

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

DATE OF BIRTH * May (Month), 31 (Day), 1914 (Year)

FULL * NAME — FATHER: Frank Dalmoline

FULL * MAIDEN NAME — MOTHER: Egle Dellasanta

I HEREBY CERETIFY that the child described herein has been named

George Italo Dalmoline
(Given name in full) (Surname)

(Signature) Frank Dalmoline
Father
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with orginal certificate on tenth day of following month.

745-531-841

MAY BE RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.