

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH  
BUREAU 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 County GILA No. PINAL St.

SEX OF CHILD\* Twin } and } Number in order of birth 2  
Triplet }  
or other? }

DATE OF BIRTH\* November 24 1914  
(Month) (Day) (Year)

FULL NAME Pete Milardovich FATHER

FULL MAIDEN NAME Mary Setka MOTHER

I HEREBY CERTIFY that the child described herein has been named

STEVE MILARDOVICH  
(Give name in full) (Surname)

Mary Milardovich  
(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.

SM 5/20/41

248-1124-421