

1277

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.\* 118

Place of Birth Phoenix (Registration District) County Arizona No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD\* male Twin Triplet or other?  and  Number in order of birth 3rd

HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Nov 12 - 1915  
(Month) (Day) (Year)

Ernest Cimmarusti  
(Give name in full) (Surname)

FULL\* NAME FATHER Vito Cimmarusti

Vicenta Mariana Cimmarusti  
(Parent's Signature)

FULL\* MAIDEN NAME MOTHER Vicenta Mariana Cimmarusti

(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.