

2562

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. \* 1/1

Place of Birth Miami, Arizona County No. St.

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

DATE OF BIRTH\* JUNE 11 1916 (Month) (Day) (Year)

FULL NAME FATHER ANTONIO POZZA

FULL MAIDEN NAME MOTHER ANNA DALLE NOGARE

I HEREBY CERTIFY that the child described herein has been named

BRUNO MARIO POZZA (Give name in full) (Surname)

Anna (Pozza) Cantile (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.

271-611-155