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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.*

Place of Birth Miami, Arizona County Dela No. _____ St. _____
(Registration District)

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

DATE OF BIRTH November 18 1921
(Month) (Day) (Year)

FATHER FULL NAME George Nick Bozovich

MOTHER FULL MAIDEN NAME JENNIE Rios

I HEREBY CERTIFY that the child described herein has been named

MARY ROSALYN Bozovich
(Give name in full) (Surname)

Jennie R. Bozovich
(Parent's Signature)

Deceased
(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.

428-1118-192

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