197

135

MARGIN RESERVED FOR BINDING

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 Miami (Registration District) County Gila No. Market St.

SEX OF CHILD* Female | ~~Twin, Triplet or other?~~ 1 | and | Number ~~in order~~ of birth

DATE OF BIRTH* March 7 1922 (Month) (Day) (Year)

FULL* NAME FATHER Dave Sankovich

FULL* MAIDEN NAME MOTHER Nalby Angius

I HEREBY CERTIFY that the child described herein has been named Milica Sankovich (Give name in full) (Surname)

Dave Sankovich (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.

5M 7/11/40

428-307-412

The Physician is deceased.