

3 5M 8-18-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

120

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth..... Maini
(Registration District)

County..... Gila

No..... St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			
DATE OF BIRTH* <u>November 11-</u> <u>1922</u> ¹⁹³			
(Month)		(Day)	(Year)
FULL* NAME FATHER			
<u>Ricardo Mannelly</u>			
FULL* MAIDEN NAME MOTHER			
<u>Antonia Romero</u>			

I HEREBY CERTIFY that the child described herein has
been named

Maria Mannelly

(Give name in full)

(Surname)

Antonia Mannelly
(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

Form X

448-111-196

This supplemental report is to be pasted
beneath the original.