

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 111

Place of Birth GLOBE County Gila No. _____ St. _____

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	and	Number in order of birth <u>8</u>
DATE OF BIRTH <u>April 7 1923</u>			
FULL NAME <u>Antony</u>		FATHER <u>Tocco.</u>	
FULL MAIDEN NAME <u>Antonietta Bruno</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Tony Tocco
(Give name in full) (Surname)
Antonietta Tocco
(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 5/20/41

336-407-122