

10-1-43

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 1871

Place of Birth Miami County Yuma No 1521 Pine Oak Canyon  
(Registration District)

SEX OF CHILD\* Female Twin Triplet or other?  and Number in order of birth 5

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* May 31 1933  
(Month) (Day) (Year)

Celia Guglielmo  
(Give name in full) (Surname)

FULL NAME FATHER Antonio Guglielmo

Josephina Guglielmo  
(Parent's Signature)

FULL MAIDEN NAME MOTHER Josephina Hernandez

Loyd W. Brown M.D.  
(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 10-1-43-S.P.Co.

376-531-189