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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

Place of Birth Globe (Registration District) County Gila No. 27 Pinal St.

SEX OF CHILD*	Twin Triplet or other?		Number in order of birth
Male	Single	and	7

DATE OF BIRTH* September 28, 1923 (Month) (Day) (Year)

FULL NAME — FATHER: John Jurasich

FULL* MAIDEN NAME — MOTHER: Josephine Lepetich

I HEREBY CERTIFY that the child described herein has been named

Milo, Or Miajlo Jurasich (Give name in full) (Surname)

John M. Jurasich (Parent's Signature)

Josephine Lepetich Jurasich (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 11-41 A.P.

418-928-138