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MAKING PREPARED FOR SENDING

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
Place of Birth Miami County Registrar's No. 926 Merritt St. Pima No. 926 Merritt

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>Oct</u>	<u>28</u>	<u>1923</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
<u>Steve Glavinich</u>			
FULL NAME	MOTHER		
<u>Mary Ann Lambert</u>			

I HEREBY CERTIFY that the child described herein has been named
Nicholas Calvin Glavinich
(Give name in full) (Surname)
Steve Glavinich
(Parent's Signature)

*These items to be entered by the local registrar before giving out this form.
(Signature of Physician or Midwife)

Blank supplementary reports of birth may be obtained from the local registrar.

578-1028-433