ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 3 # 185

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Globe (Registration District) County Gila No. 227 Euclid St.

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

DATE OF BIRTH* March 29th 1924 (Month) (Day) (Year)

FULL* NAME FATHER Constantino Giacoma

FULL* MAIDEN NAME MOTHER Maria Troglio

I HEREBY CERTIFY that the child described herein has been named

Alma A Giacoma (Give name in full) (Surname)

Costantino Giacoma (Parent's signature)

Maria Troglio

*These items to be entered by the local registrar before giving out this form. N. H. Horst M. D. (Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day following month.

eleventh 7-16-1924

171-329-4368-11-24