1005

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 128

Place of Birth Miami, Ariz. County Gila No. St.
(Registration District)

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

DATE OF BIRTH* May (Month) 11 (Day) 1924 (Year)

FULL NAME — FATHER: Andrew Stephen Mitrovich

FULL* MAIDEN NAME — MOTHER: Mildred Kristina Papan

I HEREBY CERTIFY that the child described herein has been named

Nicholas Andrew Mitrovich
(Give name in full) (Surname)

Mrs. Mildred G. Mitrovich x
(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.
10M 11-41 A.P.

548-511-475