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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.*

Place of Birth Rayden County Gila No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Sept 20 1934
(Month) (Day) (Year)

Rosalia Bologna
(Give name in full) (Surname)

FULL NAME FATHER Lorenzo Bologna

(Parent's Signature)

FULL MAIDEN NAME MOTHER Dolores Santalun

Charles Hunter
(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-8-42-Bower Co.

921 - 920 - 474