ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 3-25 # 189

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of Birth (Registration District) Globe County Gila No. Midland City St.

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

DATE OF BIRTH* March (Month) 26th (Day) 1925 (Year)

FULL* NAME — FATHER: Angelo Demario

FULL* MAIDEN NAME — MOTHER: Henrietta Demario

I HEREBY CERTIFY that the child described herein has been named

Carolyn Demario
(Give name in full) (Surname)

Enriketta Demario
(Parent's Signature)

C W Adams
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

346-326-6846 8-11-25

MAY 11 1926

Ans. _____ File _____