4-28-83

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(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. North Broad St.

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

DATE OF BIRTH*	March (Month)	30 (Day)	1925 (Year)
FULL* NAME	FATHER Bert Vidano		
FULL* MAIDEN NAME	MOTHER Ernesta Bertino		

I HEREBY CERTIFY that the child described herein has been named

Corinne Louise (Give name in full) Vidano (Surname)

Ernesta Vidano (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 1-45

356-330-526