

All reports to be pasted
under the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. 127

Place of Birth Miami
(Registration District)

County DeLa

No. _____

St. _____

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

DATE OF BIRTH * Sept 13 - 1926
(Month) (Day) (Year)

FULL * FATHER
NAME Demetris Pouloupoulos

FULL * MOTHER
MAIDEN NAME Despa Pouloupoulos

I HEREBY CERTIFY that the child described herein has
been named

Agabe Pouloupoulos
(Given name in full) (Surnames)

Demetris Pouloupoulos
(Father's Signature) (Mother's Signature)

Dr. C. J. Sotel
(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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

172-912-492