MARGIN RESERVED FOR BINDING
USE PERMANENT INK

179

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 Claypool (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* February 19, 1928 (Month) (Day) (Year)

FULL NAME FATHER: Joe Fodera

FULL* MAIDEN NAME MOTHER: Candelaria Berumen

I HEREBY CERTIFY that the child described herein has been named

Louis (Give name in full) Fodera (Surname)

Candelaria Fodera (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 AP.

361 - 219 - 325

File