MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.* 123

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

SUPPLEMENTARY REPORT OF BIRTH

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

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

DATE OF BIRTH* March (Month) 10, (Day) 1928 (Year)

FULL* NAME Sam S. FATHER Popovich

FULL* MAIDEN NAME Mildred MOTHER Saban

I HEREBY CERTIFY that the child described herein has been named

Diana S. Popovich
(Give name in full) (Surname)

Mrs Sam. S. Popovich
(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.

5M 7/11/40

478-310-425

APR 11 1928

File