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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 Miami County Hila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth	
<u>Male</u>						
DATE OF BIRTH*	<u>April</u>	<u>22</u>	<u>1958</u>	(Month)	(Day)	(Year)
FULL* NAME	<u>Daniel Lameli</u> FATHER					
FULL* MAIDEN NAME	<u>Ramona Chavarria</u> MOTHER					

I HEREBY CERTIFY that the child described herein has been named

Daniel Lameli Jr. (Surname)  
(Give name in full)

Ramona Lameli  
(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.

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439-422-931

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MAY 12 1958

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