ARIZONA STATE BOARD OF HEALTH

Vol. 8-28 #158

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.*.....

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

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

DATE OF BIRTH* August (Month) 24th (Day) 8 (Year) 192

FULL* NAME FATHER Frank Dalmoline

FULL* MAIDEN NAME MOTHER Olga Dalla Santa

Supplementary report must be returned within 15 days

I HEREBY CERTIFY that the child described herein has been named

Richard Virgil Dalmoline
(Given name in full) (Surname)

x Mrs. Olga Dalmolin
(Father's or Mother's Signature)

x R. D. Kennedy.
(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.

Correcting child's name

12-4-25