ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State file # 138

(This [illegible] should preferably be made by [illegible] who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 12

Place of Birth Miami County Gila No. 3004 Latham St.
(Registration District)

SEX (Child)	Twin Triplet or other?	and	Number* in order of birth
Male			

DATE OF BIRTH* January 11 1929
(Month) (Day) (Year)

FULL* NAME FATHER Demetrios Poulopoulos

FULL* MAIDEN NAME MOTHER Despa Rejopoulos

I HEREBY CERTIFY that the child described herein has been named

Louis Poulopoulos
(Give name in full) (Surname)

Demetrios Poulopoulos
(Parent's Signature)

Charles E. Irwin M.D.
(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 county registrar. County registrars must mail with original certificate on tenth day of following month.