

ARIZONA STATE BOARD OF HEALTH Vol. 2-27 # 171
BUREAU 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 Globe County Gila No. South East St.
(Registration District)

| | | | |
|-------------------------|------------------------------|-------|---------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number* in order of birth |
| Male | | | |
| DATE OF BIRTH* | February 24th | | 1927 |
| | (Month) | (Day) | (Year) |
| FULL* NAME | FATHER Lewis Minor Brown | | |
| FULL* MAIDEN NAME | MOTHER Margaret Towle | | |

I HEREBY CERTIFY that the child described herein has been named

Lewis Minor Brown

(Give name in full)

(Surname)

x *Lewis Minor Brown*
(Parent's signature) In ink

x *Charence Guter*
(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.

Corrections.

6-11-27 329 - 224-1135

Return supplementary report immediately.

RECEIVED
MAR 11 1927
Am. Fac.