

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Registrar's No. 174

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami County Dade No. _____ St. _____

I HEREBY CERTIFY that the child described herein
has been named

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

Carrieh Kathleen Helen
(Give name in full) (Surname)

DATE OF BIRTH* Feb. 25th 1927
(Month) (Day) (Year)

Natalie Carrieh
(Parent's Signature)

FATHER
FULL NAME Louis Carrieh

(Signature of Physician or Midwife)

MOTHER
FULL MAIDEN NAME Natalie Mitrovich

*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.

238-225-548

5M 7/11/40

MARGIN RESERVED FOR