

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 11

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

Place of Birth Globe County Gila No. Forgotten St.

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	<u>Single</u> and	Number in order of birth
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DATE OF BIRTH* December Dec 14, 1927

(Month) (Day) (Year)

FULL NAME <u>George G. Glenn</u>	FATHER
FULL NAME <u>Aiden Anna May Chapman</u>	MOTHER

I HEREBY CERTIFY that the child described herein has been named

Melba Glenn

(Give name in full) (Surname)

Anna May Melba

(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.

5/20/41

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