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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS
 SUPPLEMENTARY REPORT OF BIRTH

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 80

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

SEX OF CHILD* Male	Twin Triplet or other?	{ and }	Number in order of birth 2
DATE OF BIRTH* <u>January 30 1930</u> (Month) (Day) (Year)			
FULL NAME FATHER <u>Marvin DeWitt Surber</u>		FULL MAIDEN NAME MOTHER <u>Bessie Lee Chadwick</u>	

I HEREBY CERTIFY that the child described
 herein has been named

Surber, Jackie Campbell
 (Give name in full) (Surname)

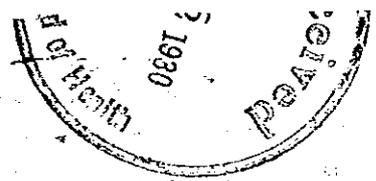
Bessie Campbell
 (Parent's Signature)

(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.
 10M-8-42-Bower Co.

129-130-232



THIS REPORT IS TO BE FILED IN THE BIRTH RECORDS OF THE COUNTY OF GILA, ARIZONA, AT THE OFFICE OF THE COUNTY REGISTRAR, GILBERT, ARIZONA.