

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

139

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.\*.....

Place of Birth Glendale County Gila No. Blake St. Glendale  
(Registration District)

SEX OF CHILD*	Twin Triplet or other ?	{ and }	Number in order of birth
<u>Female</u>	<u>1</u>		<u>2</u>

DATE OF BIRTH\* August 7 1930  
(Month) (Day) (Year)

FATHER  
FULL NAME George Robert Armstrong

MOTHER  
FULL MAIDEN NAME Frances May Summersfield

I HEREBY CERTIFY that the child described herein has been named

Katherine Delores Armstrong  
(Give name in full) (Surname)

Francis M. Armstrong  
(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-5-42-Bower Co.

517-807-624