7220

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 172

[illegible] preferably be made [illegible] the original)

County Gila No. ..... St.

[illegible] gistration District

[illegible] CHILD*	Twin Triplet or other?	[illegible]	Number in order of birth
Female			

[illegible] HEREBY CERTIFY that the child described herein has been named

Evangeline Grace Steel
(Give name in full) (Surname)

[illegible] OF BIRTH* Aug 21 1930
(Month) (Day) (Year)

FATHER
John Steel

MOTHER
Estella M. Steel

Estella M. Steel
(Parent's Signature)

X .....
(Signature of Physician or Midwife)

[illegible] items to be entered by the local registrar before giving out this form. Dr. Braton attending

[illegible] supplemental reports of birth may be obtained from the local registrar.

1

(over) 523-821-523

MARGIN RESER[illegible]
USE PER[illegible]

SEP 10 1930
[illegible] Board of Health