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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(To be filled out by person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

P Birth Globe County Gila No. St.
(Registration District)

SEXED*	Twin Triplet or other?	{	and	}	Number in order of birth
BIRTH*	<u>November</u>	<u>17</u>		<u>1930</u>	
	(Month)	(Day)		(Year)	
FATHER	<u>Mrs. Monroe Anderson</u>				
MOTHER	<u>Hennie Clara Clendenen</u>				

I HEREBY CERTIFY that the child described herein has been named

Mary Nelda Anderson
(Give name in full) (Surname)

Mrs. James M. Anderson
(Parent's Signature)

(Signature of Physician or Midwife)

Reports to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.
Pima Co.

415-117-335

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

Received
C11 1930
The Board of