

10-5-77 (X) (LBC) 6066

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 Gila County Globe No. \_\_\_\_\_ St. \_\_\_\_\_

(Registration District)

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD \* Female Twin  Triplet  or other?  and Number in order of birth \_\_\_\_\_

Lorna Mae Adams  
(Give name in full) (Surname)

DATE OF BIRTH \* Jan 22 - 31  
(Month) (Day) (Year)

FULL NAME George Rudge Adams  
FATHER

G.P. Adams  
(Parent's Signature)

FULL MAIDEN NAME Ruby Mae Hancock  
MOTHER

(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.

312-122-982

174