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.* 1010

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

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

DATE OF BIRTH* May (Month) 10 (Day) 1931 (Year)

FULL* NAME FATHER Charles E Shreve

FULL* MAIDEN NAME MOTHER Lizzy Kartchner

I HEREBY CERTIFY that the child described herein has been named

MARILYN ROSE SHREEVE
(Give name in full) (Surname)

Mrs C E Shreve
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local regis[illegible] efore giving out this form.

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

10M 1-45

425 - 510 - 429