139A

3 5M 8-16-35

# ARIZONA STATE BOARD OF HEALTH
BUREAU 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 (Registration District) Miami County Gila No. 7 Cottonwood St.

| SEX OF CHILD* | Twin Triplet or other | and | Number* in order of birth |
|---|---|---|---|
| Male | | | 1 |

DATE OF BIRTH* May (Month) 28 (Day) 1931 (Year)

FULL* NAME — FATHER: Robert Henry Fischer

FULL* MAIDEN NAME — MOTHER: Minnie Arabella Blume

*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.

Form X

I HEREBY CERTIFY that the child described herein has been named

Robert Blume Fischer
(Give name in full) (Surname)

Mrs. Minnie B. Fischer
(Parent's Signature)

Cyril M. Brown M.D.
(Signature of Physician or Midwife)

969-528-425

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.