MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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 Winkleman (Registration District) County Gila No. ..... St.

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

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

FULL* NAME FATHER James P. Stewart

FULL* MAIDEN NAME MOTHER Edna Pitts

I HEREBY CERTIFY that the child described herein has been named

EDNA FRANCES STEWART
(Give name in full) (Surname)

Edna Stewart
(Parent's Signature)

(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 1-45

523-928-572