126a

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

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

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

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

DATE OF BIRTH* October (Month) 2nd (Day) 1931 (Year)

FULL NAME FATHER Frederick Thomas Summerfield

FULL* MAIDEN NAME MOTHER Phyllis Alma Knight

I HEREBY CERTIFY that the child described herein has been named

ROBERT FREDERICK SUMMERFIELD
(Give name in full) (Surname)

Frederick Thomas Summerfield
(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 10-1-43—S.P.Co.

924-1024-723