MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 114

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

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

DATE OF BIRTH* November (Month) 18 (Day) 1931 (Year)

FULL NAME FATHER Everett Robert Olson

FULL MAIDEN NAME MOTHER Mildred Lee Glenn

I HEREBY CERTIFY that the child described herein has been named

Winnona Mildred Olson
(Give name in full) (Surname)

Mrs Mildred Olson
(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.

5M 5/20/41

695-1118-475