(R)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's N

Place of Birth Florence Ariz County Pinal No.
(Registration District)

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

DATE OF BIRTH* February (Month) 19 (Day) 1933 (Year)

FULL* NAME Mike McBiles FATHER

FULL* MAIDEN NAME Violet Day MOTHER

I HEREBY CERTIFY that the child described been named

Carol Don McBiles
(Give name in full) (Surnam

Violet McBiles
(Parent's signature)

*These items to be entered by the local registrar before giving out this form. (Signature of Physician or

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original tenth day of following month.

342-219-548

Received
Arizona State Board of Health
MAY 11 1933

Reg 1170 539 28 9302
Int Jurisp. 2-5-69