1909

PARTMENT OF COMMERCE
UREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. .....
Registered No. .....

PLACE OF BIRTH:
County Gila State ARIZONA
Township ..... or Village .....
City ..... No. ..... St., ... Ward.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child ALLISON { If child is not yet named, make supplemental report, as directed.

Sex	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Sept. 29, 1891 (Month, day, year) 193
F					

MOTHER

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)

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

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

SEX OF CHILD* Female | Twin Triplet or other? — | and | Number in order of birth 3rd

DATE OF BIRTH* Sept (Month) 29 (Day) 1891 (Year)

FULL* NAME Geo. M. Allison FATHER

FULL* MAIDEN NAME Hattie Middleton MOTHER

I HEREBY CERTIFY that the child described herein has been named

Marguerite Olive Allison (Give name in full) (Surname)

George M. Allison (Parent's Signature)

Not obtainable — (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.

d 7/11/40

ted.

D.

dwife

Name added from a supplemental report ..... (Date of)

Address .....

Filed 11-11-91, 193 ..... Registrar.

Registrar.

FORM 6 10M 6-25 -33 MS 48640