

1945

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Return should preferably be made to the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth

Glabe

County

Gila

No.

St.

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

BIRTH June 17th 1893
 (Month) (Day) (Year)

FATHER Charles C. T. Martin

MOTHER Sarah S. Martin

I HEREBY CERTIFY that the child described herein has been named

Louis Theodore Martin
 (Give name in full) (Surname)

Charles E. S. Martin
 (Parent's Signature)

(Signature of Physician or Midwife)

Reports to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.

345-617-245