

2745

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Thatcher
(Registration District)

County Graham No. _____

St. _____

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

DATE OF BIRTH* Feb. 16 1904
(Month) (Day) (Year)

FATHER
NAME Mitchell M. Smith

MOTHER
NAME Joanna Hendricks

I HEREBY CERTIFY that the child described
herein has been named

Eva Smith
(Give name in full) (Surname)

Joanna Hendricks Smith
(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.
4 11-41 A.P.

528 - 216 - 428