

2222

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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 P I M A County Graham No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH*	<u>May</u>	<u>9</u>	<u>1904</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Thomas Norman Lamb</u>		
FULL MAIDEN NAME	MOTHER <u>Genetta Ferrin</u>		

I HEREBY CERTIFY that the child described
herein has been named

Velva Ruth Lamb
(Give name in full) (Surname)

Parents are dead.
(Parent's Signature)

Zobelia Ferrin Nurse
(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.
10M-8-42-Bower Co.

532-509-165