

1170

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU 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 Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			
DATE OF BIRTH*	<u>May</u>	<u>10</u>	<u>1909</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Richard Harland Olsson</u>		
FULL MAIDEN NAME	MOTHER <u>Helen Margaret McLaughlin</u>		

I HEREBY CERTIFY that the child described herein has been named

Richard Gordon Olsson
(Give name in full) (Surname)

R. G. Olsson + Helen M. Olsson
(Parent's Signature)

*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.
5M 5/20/41

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