cause the blinc

's eyes.
stened in warm

n a one (1) per
nended by a con
immediately a
f the chil becom
ess in asylums is

r ceguedad á la c

sobre los ojos de
osorbente humede

que la enfermedad
eral.
no nazca una soluc
aya sido recomend

ico inmediatamente de un caso
Cualquier dilación aumenta las

s de ceguedad en asilos es debid

MARGIN RESERVED FOR BINDING

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 (Registration District) Globe, Arizona County..... No..... St.

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

DATE OF BIRTH* February 5, 1910 (Month) (Day) (Year)

FULL NAME FATHER: Arthur Michael Collins

FULL MAIDEN NAME MOTHER: Anne Katherine Bohnsack

I HEREBY CERTIFY that the child described herein has been named

James Kelly Collins
(Give name in full) (Surname)

Annie K Collins
(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.

SM 7/11/1

132-205-[illegible]