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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-10-35

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 Arizona No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Girl</u>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>May - 16 - 1910</u>	(Month)	(Day)	(Year)
FULL* NAME <u>Gerald DeRosier</u>	FATHER		
FULL* MAIDEN NAME <u>Margene Kowelsky</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Wyles DeRosier  
(Give name in full) (Surname)

Ms. J. DeRosier  
(Parent's Signature)

Ms. H. Davis  
(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

Form X

649-510-428