1300

lindness of the child unless

rm boiled water as soon as

per cent. solution of nitrate
competent physician).
a case of sore eyes in any
coming permanently blind.
s is due to sore eyes in the

ia criatura si no

de la criatura.
nedecido en agua

edad es infecta.

solución de uno
endado por algu

mente de un cas
ión aumenta las

en asilos es debi

(0295) 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 Globe (Registration District) County Gila No. ..... St.

SEX OF CHILD* Male | ~~Twin~~ ~~Triplet~~ or other? Single | and | Number in order of birth 1

DATE OF BIRTH* June (Month) 9 (Day) 1910 (Year)

FULL NAME Charles Phillip Meehan (FATHER)

FULL* MAIDEN NAME Docia Howard (MOTHER)

I HEREBY CERTIFY that the child described herein has been named

Harold Phillip Meehan
(Give name in full) (Surname)

Charles Phillip Meehan
(Parent's Signature)

(Dr Kennedy - Deceased)
(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 11-41 A.P.

845-609-484