2101

Ophthalmia ne
the child unless pr
Keep the discha
Wipe the baby'
water as soon as th
Burn the cotton used; the dress is infectious.
Do not include the eyes in the first general bath.
Drop in the eyes of the child as soon as it is born a one (1) per cent solution of nitrate of silver (or such other preventative as may be recommended by a competent physician.)

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.*.....

Place of Birth Black Warrior Ariz County Gila No. ..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			3rd

DATE OF BIRTH* Aug 5 1910
(Month) (Day) (Year)

FULL NAME FATHER Richard Francis Beals

FULL* MAIDEN NAME MOTHER Mary Alice Birdno

I HEREBY CERTIFY that the child described herein has been named

E Excel Beals.
(Give name in full) (Surname)

Mary Alice Beals.
(Parent's Signature)

Elizabeth Birdno
(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.

522-805-426