2133

119 ✓

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 Inspiration County Gila No. ..... St.
(Registration District)

| | | | |
|---|---|---|---|
| SEX OF CHILD* female | Twin Triplet or other? | and | Number in order of birth 2nd |
| DATE OF BIRTH* August (Month) | 25 (Day) | 1910 (Year) | |
| FULL NAME | FATHER Leonard Allen McGee | | |
| FULL* MAIDEN NAME | MOTHER Pearl Sylvia Morrison | | |

I HEREBY CERTIFY that the child described herein has been named

Louise Pearl McGee
(Give name in full) (Surname)

Pearl Morrison McGee
(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.

10M—8-42—Bower Co.

X 345-825-745

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

Opt.....
the child unless prevented or cured.
Keep the discharge of the mother out of the baby's eyes.
Wipe the baby's eyes with absorbent cotton moistened in warm boiled water as soon as the head is born.
Burn the cotton used; the disease 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 silver (or such other preventative as may be recommended

...ness of