160

121 ✓

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

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth
Female	X		2

DATE OF BIRTH* Oct 31 (Month) (Day) 1910 (Year)

FULL NAME FATHER Samuel Summerfield

FULL MAIDEN NAME MOTHER Esther Medlin

I HEREBY CERTIFY that the child described herein has been named

Frances Summerfield
(Give name in full) (Surname)

Samuel Summerfield
(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.

624-1031-545

Ophthalmia neonatorum or babies' eye, may cause the blindness of the child unless prevented or cured.

Keep the discharge of the mother out of the baby's eyes.

Wipe the baby's eyes with a absorbent cotton moistened in warm boiled water as soon as the head is born