512

blindness of the child unless

warm boiled water as soon as

) per cent. solution of nitrate
a competent physician).
tely a case of sore eyes in any
becoming permanently blind.

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 Miami, Arizona County Gila No. Miami Hill St.
(Registration District)

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

DATE OF BIRTH* November 13 1910
(Month) (Day) (Year)

FATHER
FULL NAME Richard Barnes Culver

MOTHER
FULL* MAIDEN NAME Anna Margaret Butler

I HEREBY CERTIFY that the child described herein has been named

Georgia Culver (Johnson)
(Give name in full) (Surname)

.....
(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.

739-1123-129