

887

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

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

DATE OF BIRTH* Dec. 16 - 1910
(Month) (Day) (Year)

FULL NAME FATHER Mark Alton Blake

FULL MAIDEN NAME MOTHER Grace Gladden

I HEREBY CERTIFY that the child described herein has been named

Charles Alton Blake
(Give name in full) (Surname)

Grace-Blake Mark Blake
(Parent's Signature)

Both 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.

325-1216-775