

1759

ARIZONA STATE BOARD OF HEALTH

BUREAU 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 Globe  
(Registration District)

County Yuma

No. near Black Warrior mining camp

SEX OF CHILD\* Male Twin Triplet or other? } and } Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Feb. 8 1911  
(Month) (Day) (Year)

Carl Francis O'Neil  
(Give name in full) (Surname)

FATHER Jacob H O'Neil

Mae K Rogers present living  
(Parent's Signature) relative

MOTHER Margaret Ann Kincaid

Not known  
(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.

7/11/40

303-208-434