

1799

Optthalmia neonatorum or babies' sore eyes may cause the blindness of the child unless prevented or cured.

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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. *1111*

Place of Birth *Safford*
(Registration District)

County *Graham* No. _____

St. _____

SEX OF CHILD* *Female* 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. 23 1911*
(Month) (Day) (Year)

Ruth Kempton
(Give name in full) (Surname)

FATHER
FULL NAME *Martin R. Kempton*

Lena L. Kempton
(Parent's Signature)

MOTHER
FULL MAIDEN NAME *Lena L. Peterson*

(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.
5M 5/20/41

925-003-712