

541

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. *..... St.

Place of Birth Globe County Gila No. St.

SEX OF CHILD* <u>girl</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>June 29th 1911</u>	(Month)	(Day)	(Year)
FULL NAME <u>Charles</u>	FATHER <u>Quinton</u>		
FULL MAIDEN NAME <u>Luedalysa Perjada</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named
Clara Quinton
 (Give name in full) (Surname)

Mary L Blanco
 (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 11-41 A.P.

345-629-771

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

Ophthalmia neonatorum or babies' sore eyes 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 absorbent cotton moistened in warm boiled