

979

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. \*105

Place of Birth Globe, Ariz County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH*	<u>July</u>	<u>30</u>	<u>1912</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Charles W Davis</u>		
FULL MAIDEN NAME	MOTHER <u>Winnie Black Davis</u>		

I HEREBY CERTIFY that the child described herein has been named

Nadra Davis  
(Give name in full) (Surname)

Charles W Davis  
(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.

542-730-642