

1402

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. *76

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>Aug. 12</u>	<u>1911</u>	
	(Month)	(Day)	(Year)
FULL NAME	<u>Owen Lynn Palmer</u> FATHER		
FULL MAIDEN NAME	<u>Bertha Nielson</u> MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Mable Bertha Palmer
(Give name in full)

O. L. Palmer
(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.

479-812-255

Optical...
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 water as soon as the head is born.
Burn the cotton used.