

1408

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. * _____
No. _____ St. _____

Place of Birth Globe
(Registration District)

County Gila

SEX OF CHILD* Female Twin Triplet or other? { } and { } Number* in order of birth 5

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* August 22, 1911
(Month) (Day) (Year)

Margaret Louise Johns
(Give name in full) (Surname)

FULL* NAME FATHER William Johns

William Johns
(Parent's Signature)

FULL* MAIDEN NAME MOTHER Sarah Ann Bice

(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.

SM 6-1-38

MARGIN RESERVED FOR BINDING

412 - 872 - 225

Optic chiasm neoplasm or tumor of either eye may cause the blindness of the child unless prevented or cured. Keep the discharge of the mother.