1827

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

(This return should preferably be made by the person who made the original)

Place of Birth Miami Arizona County Gila No. Tinkerville St.
(Registration District)

SEX OF CHILD* Female	Twin / Triplet / or other?	and	Number in order of birth
DATE OF BIRTH* September 15 1911 (Month) (Day) (Year)			
FULL NAME FATHER James Henry Williams			
FULL* MAIDEN NAME MOTHER Loveday Moyle			

I HEREBY CERTIFY that the child described herein has been named

Sophie Winifred Melba Williams
(Give name in full) (Surname)

Loveday Moyle Williams
(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.

262-915-345

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.