

2241

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 a clean cloth.

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. * 92

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* Oct. 8 1911
(Month) (Day) (Year)

FULL NAME John M. Barry FATHER

FULL MAIDEN NAME Emma Mary Suter MOTHER

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

John Jacob Barry
(Give name in full) (Surname)

Mrs Earl J Parker
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

128-1008-529