

2651

MARGIN RESERVED FOR BINDING

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. ....

Place of Birth ~~Globe~~ **Globe** County **Gila** No. **327 So. First St. St.**  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
<b>male</b>			

I HEREBY CERTIFY that the child described herein has  
been named

**Frank Albert Grice**

DATE OF BIRTH\* **November 8 1911**, 19.....  
(Month) (Day) (Year)

(Given name in full) *Erastus Grice* (Surname)  
(Parent's Signature)

FULL NAME FATHER **Erastus Grice**

**Dr. McPheters**  
(Signature of Physician or Midwife)

FULL NAME MOTHER **Ella Margaret Teeples**

\*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 8-1-38

675-1108-532