

2655

With Filing, with Unfading Ink.—This is a Permanent Record.

County of _____
District _____
Town of _____
City of _____
FULL NAME _____
Maiden Name _____

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 County Gila No. 1050 North High St.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* November 10, 1911
(Month) (Day) (Year)

Gladys Mae Penrose
(Give name in full) (Surname)

FULL NAME FATHER William Thomas Penrose

Alice J. Penrose
(Parent's Signature)

FULL MAIDEN NAME MOTHER Alice Thomas Clemens

(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 7/11/40

775 110-132