

2659

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. Ranger Station St.

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* Nov. 27, 19 11
(Month) (Day) (Year)

Georgia Ethel Wight
(Give name in full) (Surname)

FULL* NAME FATHER John Benton Wight

John Benton Wight
(Parent's Signature)

FULL* MAIDEN NAME MOTHER Sue Bennett

(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

763-1127-223