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State File No. 94, Gila Co.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Photocopy of original return should preferably be made by the person who made the original. This report should be filed with the Registrar of the county in which the birth occurred. This report should be filed with the Registrar of the county in which the birth occurred.

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Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*

Male	Twin Triplet or other?	}	and	}	Number in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* December 7, 1911
(Month) (Day) (Year)

Homer Byron Elledge
(Give name in full) (Surname)

FULL NAME FATHER Homer Byron Elledge

Anna Nations Elledge
(Parent's Signature)

FULL NAME MOTHER Anna Nations

(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.

7/11/46

855-1207-152