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3 SM 5-1-31

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

Place of Birth Hayden Arizona County Gila County No. Globe Ariz.
(Registration District)

SEX OF CHILD* M 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
and Only Number*
order of birth

I HEREBY CERTIFY that the child desc
been named

DATE OF BIRTH* Feb 15th. 1912 193
(Month) (Day) (Year)

Brewer Elly Phillips
(Give name in full) (f

FULL* FATHER
NAME Truman Phillips

May Phillips
(Parent's Signatur

FULL* MOTHER
MAIDEN NAME Almeda May Broeder

(Signature of Physician

*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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certifi
following month.