

1387

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. 78 St.

Place of Birth Maau
(Registration District)

County Gila No. _____

SEX OF CHILD*	Twin	}	and	}	Number in order of birth
<u>Female</u>	Triplet or other?				

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* March 10th 1912
(Month) (Day) (Year)

(Give name in full)

(Surname)

FULL NAME FATHER Joe T. Prochaska

FULL MAIDEN NAME MOTHER Margaret Whitecotton

Joe T. Prochaska
(Parent's Signature) (Prochaska)

(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.

IM 7/11/40

471-310-465