

2294

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

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

SEX OF CHILD\* female Twin Triplet or other? { and } Number in order of birth

DATE OF BIRTH\* April 20 1912 (Month) (Day) (Year)

FULL NAME FATHER Oscar Orice Fuel

FULL MAIDEN NAME MOTHER Sarah Adeline Stroope

I HEREBY CERTIFY that the child described herein has been named

Marjorie Bell Sarah Fuel (Give name in full) (Surname)

Sarah Adeline Fuel (Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form. 463-420-225

Blank supplemental reports of birth may be obtained from the local registrar. 10M 11-41 A.P.

MARGIN RESERVED FOR BINDING USE PERMANENT INK