

2299

... case of twins or more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

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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 Arizona County Gila No. St.
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>May</u> <u>10</u> 19 <u>12</u> (Month) (Day) (Year)			
FATHER FULL NAME <u>Archibald A. Ollson</u>			
MOTHER FULL MAIDEN NAME <u>Agnes Ann Rubey</u>			

I HEREBY CERTIFY that the child described herein has been named

Myrtle O. O. Ollson
(Give name in full) (Surname)

Archie Andrew Ollson Dr.
(Parent's Signature)

(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

465-510-198