

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. \* 18

Place of Birth Globe County Gila No. (East Globe) St.

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\* June 1 1912  
(Month) (Day) (Year)

Rovena Holbert  
(Give name in full) (Surname)

FULL NAME Kelley William Holbert  
FATHER

H. H. Holbert (5/27/41)  
(Parent's Signature)

FULL MAIDEN NAME Ethel Robinson  
MOTHER

Charles P. Sturgeon M.D.  
(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.

7/11/40

983-601-595

MARGIN RESERVED FOR BINDING

Ophthalmic neomycin or Neomycin