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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 Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Male Twin Triplet or other? _____ and _____ Number* in order of birth _____

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 18, 1912
(Month) (Day) (Year)

Raleigh Allen Barnette
(Give name in full) (Surname)

FULL NAME FATHER Josephus Raleigh Barnette
FULL MAIDEN NAME MOTHER Minnie Allen

Josephus Raleigh Barnette
(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

925-618-415

MARGIN RESERVED FOR BINDING