

980

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. 97-

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Aug. 14 1912</u>	(Month)	(Day)	(Year)
FULL* NAME <u>Robert Leo Tyler</u>	FATHER		
FULL* MAIDEN NAME <u>Minnie Wodge Tyler</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Clara Belle Tyler  
(Give name in full) (Surname)

Minnie Wodge Tyler  
(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.

IM 7/11/40

339-814-445