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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. 111

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			
DATE OF BIRTH*	Sept	28	1912
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
Charles Hollow			
FULL MAIDEN NAME	MOTHER		
Janie Hancock			

I HEREBY CERTIFY that the child described herein has been named

Phyllis Hollow (Give name in full) (Surname)

Janie Hollow (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. 10M 16-1-43-S.P.Co.

786-924-182

MARGIN RESERVED FOR BINDING USE PERMANENT INK

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