

2320

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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.\*

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

SEX OF CHILD\* Male Twin Triplet or other? } and { Number in order of birth 3

DATE OF BIRTH\* November 7, 1912  
(Month) (Day) (Year)

FATHER  
FULL NAME George Gifford Stephens

MOTHER  
FULL MAIDEN NAME Bertha Rebecca Dickinson

I HEREBY CERTIFY that the child described herein has been named

Elmer Francis Stephens  
(Give name in full) (Surname)

Bertha Rebecca Stephens  
(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 11-41 A.P.

522-1107-245 ✓