

2368

Form No. 7 3m 9-15-09

ARIZONA TERRITORIAL 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 Register No. 137

Place of Birth Safford (Registration district) No. \_\_\_\_\_ S

SEX OF CHILD\* M Twin\* or other? \_\_\_\_\_ and Number\* in order of birth 8th

I HEREBY CERTIFY that the child described herein has been \_\_\_\_\_

DATE OF BIRTH\* Nov. 12 1912  
(Month) (Day) (Year)

Evan Seymour Gilman  
(Given name in full)

FULL NAME FATHER Wm Ellsworth

(Signature) [Signature]

FULL NAME MOTHER Mary E. Harslee

(Physician) [Signature]

\*These items to be entered by the local registrar before giving out this form.  
Blank supplemental reports of births may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with the tenth day of following month.

558-1112-465