142

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 Globe Arizona County Gila No. ___
(Registration District)

SEX OF CHILD* Female | Twin Triplet or other? Single | and | Number* in order of birth

DATE OF BIRTH* January (Month) 20 (Day), 1913 (Year)

FULL* NAME FATHER Joseph LeRoy Griffin

FULL* MAIDEN NAME MOTHER Verva Marie Griffin Hood

*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.

M 6-1-38

I HEREBY CERTIFY that the child described herein has been named

Anita Marie Griffin
(Give name in full) (Surname)

Mrs Vera M Boschert
(Parent's Signature)

(Signature of Physician or Midwife)

175-120-587