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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 111

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

Place of Birth Yuma County Yuma No. .... St. ....  
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>March 7 1913</u>	(Month)	(Day)	(Year)
FULL NAME <u>Blanche Bellmore Craig</u>	FATHER		
FULL MAIDEN NAME <u>Emma R. Slack</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Blanche Bellmore Craig  
(Give name in full) (Surname)

Emma Craig  
(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.

✓ 437-307-522