1946

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(*This return should preferably be made by the person who made the orginal.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Place of Birth (Registration District) Globe County Gila No. 15-9 Globe St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
girl			1

DATE OF BIRTH* May (Month) 20 (Day) 1913 (Year)

FULL* NAME FATHER: Hugh L. Rice

FULL* MAIDEN NAME MOTHER: Annie M. Rice

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Inez (Give name in full) Francis (Surname) Rice.

Annie M. Rice. (Parent's signature)

Dr. R. D. Kennedy (Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

995-520-195