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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted
beneath the original.

(This return should preferably be made by the person who made the original.)
Place of Birth Globe Arizona County Gila No. 294 So. Second St. Local Registrar's No.*

SEX OF CHILD* male Twin Triplet or other? } and } Number* in order of birth 3rd

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* July 10 1913
(Month) (Day) (Year)

Rupert Johnson Westerfield
(Give name in full) (Surname)

FATHER
FULL NAME Hammond Westerfield

Hammond and Mattie Westerfield
(Parent's signature)

MOTHER
FULL MAIDEN NAME Mattie Johnson Westerfield

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

964-710-464