

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*

Place of Birth Copper Hill County Gila ~~as Copper Hill, road~~

SEX OF CHILD* male Twin Triplet other? and Number in order of birth

DATE OF BIRTH* July 12 1913
(Month) (Day) (Year)

FATHER
FULL MAIDEN NAME Harold Stabler Blackman

MOTHER
FULL MAIDEN NAME Jeannette Ross Blackman

I HEREBY CERTIFY that the child described herein has been named

Robert Diet Blackman
(Give name in full) (Surname)

Jeannette Ross Blackman
(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 10-1-43-S.P.Co.

925 - 712 - 173