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STATE ARIZONA

1913

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person, who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Globe County Gila No. St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* August 22- 1913 (Month) (Day) (Year)

Nancy Elizabeth Williams (Give name in full) (Surname)

FULL NAME FATHER Augustus F. Williams

Gwen Williams (Parent's Signature)

FULL MAIDEN NAME MOTHER Elizabeth J. Edwards

(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.

MARGIN RESERVED FOR BINDING USE PERMANENT INK

562-822-552