

1141

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 Douglas County Cochise No. _____ St. _____
(Registration District)

SEX OF CHILD* boy Twin Triplet or other? _____ and _____ Number in order of birth _____

DATE OF BIRTH* Sept 15 1913
(Month) (Day) (Year)

FATHER
FULL NAME William Claud Huish

MOTHER
FULL MAIDEN NAME Maria Amelia Gardiner

I HEREBY CERTIFY that the child described herein has been named

George Franklin Huish
(Give name in full) (Surname)

Mrs. Maria Huish
(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.

788-915-479

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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