MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU 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 Globe, Arizona County Gila No. ~~100 Hopkins~~ St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			2

DATE OF BIRTH* Sept 6 (Month) (Day) 1913 (Year)

FULL* NAME FATHER Richard Mitchell

FULL* MAIDEN NAME MOTHER Ellen Beard

I HEREBY CERTIFY that the child described herein has been named

Helen Elizabeth Mitchell
(Give name in full) (Surname)

Ellen Garrett
(Parent's Signature)

formerly Ellen Mitchell
(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.

Form X

843-906-524