

1581

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.\* 55

Place of Birth Bisbee County Cochise No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH	<u>Oct 21 - 1913</u>	(Month) (Day) (Year)	
FULL NAME	FATHER <u>Alfred E. Stevenson</u>		
FULL MAIDEN NAME	MOTHER <u>Agnes Bernice Cain</u>		

I HEREBY CERTIFY that the child described herein has been named

WILLIAM ALFRED STUART STEVENSON  
(Give name in full) (Surname)

Alfred E. Stevenson  
(Parent's Signature)

Asst. Surg. M.D.  
(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.

605-1021-135

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK