

1636

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 SM 5-1-31

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 Glendale
(Registration District)

County Yila

No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			

I HEREBY CERTIFY that the child described herein has been named

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

Robert Franklyn Owen
(Give name in full) (Surname)

FATHER
FULL* NAME Frank Marlon Owen

(Parent's Signature)

MOTHER
FULL* MAIDEN NAME Portia Annie Sniffon

Mrs. Portia Annie Owen Buxton
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Doctor Sniffon

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

965-1006-725