

1652

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.\*.....

This return should preferably be made by the person who made the original.)

MARGIN RESERVED FOR BINDING

Place of Birth Globe County Gila No. .... St. ....  
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* October 21 1933  
(Month) (Day) (Year)

Newton Porter Robinson  
(Give name in full) (Surname)

FULL NAME FATHER James Newton Robinson

Mollie Andrews Robinson  
(Parent's signature)

FULL MAIDEN NAME MOTHER Mollie Andrews

\*These items to be entered by the local registrar before giving out this form. (Signature of Physician or Midwife)

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.

595-1021-412