

2670

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

Local Registrar's No.*.....

Place of Birth Globe County Gila No.....St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>December</u>	<u>27th</u>	<u>1913</u>
	(Month)	(Day)	(Year)
FULL* NAME	FATHER		
<u>Charlie Miller Deem</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Oral Lee McAllister</u>			

I HEREBY CERTIFY that the child described herein has been named

Charlie Miller Deem Jr
(Given name in full) (Surname)

Mrs. Oral Lee Deem
(Father's or Mother's Signature)

G. E. Wightman, 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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

344-1227-649