

2111

59682

MARGIN RESERVED FOR BINDING

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, ARIZ. County PI No. _____ St. _____

SEX OF CHILD* MALE Twin Triplet or other? and Number* in order of birth 1st

DATE OF BIRTH* DEC. 31, 1913
(Month) (Day) (Year)

FULL NAME FATHER AUGUST JOSEPH STEIN

FULL NAME MOTHER JULIA MAY COUGHLIN

I HEREBY CERTIFY that the child described herein has been named

CHARLES JOSEPH STEIN
(Give name in full) (Surname)

Mrs Julia May Lawhon
(Parent's Signature)

(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.

325-1231-135