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ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. #

Place of Birth Payson County Gila No. _____ St. _____

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* January - 5 - 1914 (Month) (Day) (Year)

Rowe Lewis Gibson (Give name in full) (Surname)

FATHER FULL NAME William Washington Gibson

Mrs. Bece C. Gibson (Parent's Signature)

MOTHER FULL MAIDEN NAME Bece Elizabeth Randall

(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.

SM 5/20/41

975-105-393