

170

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK  
61914

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 116

Place of Birth Globe County Gila No. St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Jan. 11, 1914 (Month) (Day) (Year)

Inez Marie Harding (Give name in full) (Surname)

FULL\* NAME FATHER Harry T. Harding

Margarita Harding (Parent's Signature)

FULL\* MAIDEN NAME MOTHER Margerita M. Thomas

(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. 987-111-437  
10M 10-1-43-S.P.Co.

To verify name as given to Dr. Manning by telephone