

190

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

28543

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *130

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

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
<u>Female</u>					
DATE OF BIRTH* <u>Jan.</u> <u>22</u> <u>1914</u>					
(Month) (Day) (Year)					
FULL NAME	FATHER <u>Christian Jensen</u>				
FULL MAIDEN NAME	MOTHER <u>Arnie Christine Jensen</u>				

I HEREBY CERTIFY that the child described herein has been named

MARGARET ETHEL JENSEN
(Give name in full) (Surname)

Arnie Jensen
(Parent Signature) mother

(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.
10M-8-42-Bower Co.

415-122-115