

1727

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 County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	{ and }	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* April 7, 19 14
(Month) (Day) (Year)

Elizabeth Anne Coburn

(Give name in full)

(Surname)

FATHER
FULL* NAME William Morrow Coburn

S. Videna Coburn
(Parent's Signature)

MOTHER
FULL* MAIDEN NAME Sarah Videna McLean

(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 6-1-38

535-407-245