1754

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

be made
original

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Globe County Gila No. High St.

Triplet or other?	and	Number* in order of birth

DATE OF BIRTH* April (Month) 30 (Day) 1954 (Year)

FULL NAME FATHER Guy H. Comstock

MAIDEN NAME MOTHER Rosalee Henderson

These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Margaret Vail Comstock
(Give name in full) (Surname)

Mrs. Guy Comstock
(Parent's signature)

432-430-985
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day following month.