

2353

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

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. 159

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

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* May 29th 1914
(Month) (Day) (Year)

Helen Delaney Holcombe
(Give name in full) (Surname)

FATHER
FULL NAME J. De Laney Holcombe

J. De Laney Holcombe
(Parent's signature)

MOTHER
FULL MAIDEN NAME Florence Belle Tartar

*These items to be entered by the local registrar before giving out this form. (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 of following month.

885-529-639