

163

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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. * 118

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other	{ and }	Number in order of birth
DATE OF BIRTH* <u>June 19 1914</u> (Month) (Day) (Year)			
FULL NAME <u>Georgus Henry Abel</u>		FATHER	
FULL MAIDEN NAME <u>Lucrecia Gardner</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Georgus Henry Abel Jr.
(Give name in full) (Surname)

Geo. H. Abel
(Parent's Signature)

(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.

713-619-982