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the nurse must be filed by the attending physician or midwife

County
District
Town
City
Full
If child
Sex
Child

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State No. 123

(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. _____

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

I HEREBY CERTIFY that the child described here has been named

DATE OF BIRTH* June 24, 1914
(Month) (Day) (Year)

Lucille Marguerite Harrington
(Give name in full) (Surname)

FULL* NAME Ed. D. Harrington
FATHER

Margaret Kuni
(Parent's Signature)

FULL* MAIDEN NAME Minnie Kuni
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.
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385-624-429