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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. 126

Place of Birth Globe County Gila No. 242 East 1st St.

SEX OF CHILD\* Twin Triplet or other? } and } Number in order of birth 4

DATE OF BIRTH\* June 28 1914  
(Month) (Day) (Year)

FULL NAME FATHER John Raymond Sachs

FULL MAIDEN NAME MOTHER Bertha Evelyn DeVilbiss

I HEREBY CERTIFY that the child described herein has been named

Wayne DeVilbiss Sachs  
(Give name in full) (Surname)

Mrs. Bertha E. Sachs  
(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.

SM 5/20/41

622-628-242

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK