

1277

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. * 157

Place of Birth Globe, Arizona County Gila No. - Apache St.

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* August 15 1914	(Month)	(Day)	(Year)
FULL NAME Richard Henry Quick	FATHER		
FULL MAIDEN NAME Mary Jane Hobe	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Suzadelyn Pearl Quick
(Give name in full) (Surname)

Mary Jane Quick
(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.

782-815-485