

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>Nov.</u>	<u>5</u>	<u>1914</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Heber Nathaniel Higgins</u>		
FULL MAIDEN NAME	MOTHER <u>Lillian Rogers</u>		

I HEREBY CERTIFY that the child described herein has been named

MARVELL MAUDE HIGGINS
(Give name in full) (Surname)

Heber N Higgins
(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.

482-1105-392