

111

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

is return should preferably be made  
the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \_\_\_\_\_

Place of Birth Globe Ariz County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD\* Female Twin Triplet or other? \_\_\_\_\_ and Number in order of birth 1st

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Dec. 27 1914  
(Month) (Day) (Year)

Nona Edith Floyd  
(Give name in full) (Surname)

FULL NAME FATHER Thomas Franklin Floyd

Frank Floyd  
(Parent's Signature)

FULL MAIDEN NAME MOTHER Lucretia Huff

M. J. Johnson  
(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

364-1227-386