MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original

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 Register No.* 403

Place of Birth Globe Ariz (Registration district) No. Sycamore St.

SEX OF CHILD* Fem | Twin* Triplet or other? | and | Number* in order of birth

DATE OF BIRTH* Dec 31 [Month] [Day] 1914 [Year]

FULL NAME* FATHER Thomas John Watts

FULL MAIDEN NAME* MOTHER Mary Jane Tidwood

I HEREBY CERTIFY that the child described herein has been named Nellie Harriet Watts [Give name in full] [Surname]

[Signature] Mary Jane Watts Mother

[illegible] (Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

562-1231-464