

1257

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 6

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Jan 22-1915  
(Month) (Day) (Year)

Marguerite Rowena Sennet  
(Give name in full) (Surname)

FULL NAME FATHER George F. Sennet

Clara Pearl Sennet  
(Parent's Signature)

FULL MAIDEN NAME MOTHER Clara Pearl Martin

\_\_\_\_\_  
(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.

5M 5/20/41