

1252

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. * 134

Place of Birth Globe, Ariz. County No. St.

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

DATE OF BIRTH* Feb. - 25 - 1915 (Month) (Day) (Year)

FULL NAME Charles Herbert Savage FATHER

FULL MAIDEN NAME Ina Lara Buck MOTHER

I HEREBY CERTIFY that the child described herein has been named

Dorothy Savage (Give name in full) (Surname)

Mr. + Mrs. Charles H. Savage (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.

The attending physician - Dr. Wrightman

MARGIN RESERVED FOR BINDING USE PERMANENT INK