

1262

145

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 1

Place of Birth Pima County Graham No.

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

I HEREBY CERTIFY that the child described has been named

DATE OF BIRTH\* February 3 1915 (Month) (Day) (Year)

SUSANNA REBECCA JOHNSON (Give name in full) (Surname)

FULL NAME William H. JOHNSON FATHER

William H. Johnson (Parent's Signature)

FULL MAIDEN NAME Musetta Saline MOTHER

(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 10-1-43-S.P.Co.

MARGIN RESERVED FOR BINDING USE PERMANENT INK