

2215

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County Registrar's No.

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Cochise County Gleeson No. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
M			
DATE OF BIRTH* <u>March</u> <u>19</u> <u>15</u>			
(Month) (Day) (Year)			
FULL* FATHER			
NAME <u>P. W. Newbury</u>			
FULL* MOTHER			
MAIDEN NAME <u>Mary S. Yeitz</u>			

I HEREBY CERTIFY that the child described has been named

Oscar Lee Newbury (Surname)  
(Give name in full)

(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.

SM 7/11/40

658-319489