2349

Form No. 7 3m 9-15-09

ARIZONA TERRITORIAL 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.* 80

Place of Birth Globe, Arizona. No. St.
(Registration district)

SEX OF CHILD* Boy	Twin* Triplet or other? 11	and	Number* in order of birth

DATE OF BIRTH* March 8th, 1915
(Month) (Day) (Year)

FULL NAME FATHER
James J. Whitaker

FULL MAIDEN NAME MOTHER
Rosa May Sewell

I HEREBY CERTIFY that the child described herein has been named

Clarence Whitaker.
(Given name in full) (Surname)

(Signature) Mrs. Rosa Whitaker

(Physician or Midwife)
Dr. J. L. Wales.

*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 orginal certificate on tenth day of following month.

369-308-923