

1294

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(Returns should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No. * 148

Place of Birth Globe, Arizona (Registration district) No. 709 Hill + Tonto St.

CHILD	Twin* Triplet or other?	and	Number* in order of birth
<u>Male</u>			
BIRTH*	<u>6</u>	<u>10</u>	<u>1915</u>
	(Month)	(Day)	(Year)
FATHER			
<u>Albert Jeffree</u>			
MOTHER			
<u>Margaret Shugg</u>			

I HEREBY CERTIFY that the child described herein has been named

Thelma Jeffree
(Given name in full) (Surname)

(Signature) Albert Jeffree

L. E. Wrightman
(Physician or Midwife)

Reports to be entered by the local registrar before giving out this form. Supplemental reports of births may be obtained from the local registrar. Registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth following month.

Entered Oct 7 1915 B.S. Day