Gila

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

his return should preferably be made the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.*.....

ace of Birth Winkelman Arizona No. 5th St.
(Registration district)

X OF CHILD* Female	Twin* Triplet or other?	and	Number* in order of birth
TE OF BIRTH* July 3 1915 [Month] [Day] [Year]			
ILL* AME	FATHER Jesse Wright		
ILL* IDEN ME	MOTHER Laura Roach		

I HEREBY CERTIFY that the child described herein has been named

Edith Wright
[Give name in full] [Surname]

[Signature] .....

Dr. M. G. Marden
(Physician or Midwife)

*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 original certificate on th day of following month.