1925

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth (Registration District) Globe County Gila No. ..... St.

[illegible]*	Twin Triplet or other?	and	Number* in order of birth

DATE OF BIRTH* July (Month) 21st (Day) 1915 (Year)

FULL* NAME — FATHER: Frank H. Carlock

FULL* MAIDEN NAME — MOTHER: Judith Kavanaugh

I HEREBY CERTIFY that the child described herein has been named

ROBERT HUBBARD CARLOCK
(Given name in full) (Surname)

Judith K. Carlock
(Father's or Mother'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.
Local registrars must mail supplemental reports immediately to state registrar. **PLEASE WRITE PLAIN AND IN INK.**