

1236

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Return should preferably be made to the person who made the original.

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 186

Place of Birth Globe Arizona
(Registration district)

No. _____ St. _____

CHILD* <u>1</u>	Twin* Triplet or other? <input checked="" type="checkbox"/>	and Number* in order of birth <u>1</u>
DATE OF BIRTH* <u>July</u> <u>31</u> 19 <u>55</u>	(Month)	(Day) (Year)
FATHER <u>Patrick Mc Ginty</u>		
MOTHER <u>Marguerite Heaney</u>		

I HEREBY CERTIFY that the child described herein has been named

Patrick Joseph Mc Ginty
[Give name in full] [Surname]

[Signature] Patrick J. Ginty
Dr. Surgeon
(Physician or Midwife)

Items 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 following month.

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