3 5M 8-16-35

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 Registrar's No.* 4

Place of Birth Globe, Gila Co. County Arizona No.

(Registration District)

EX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
male	one		

DATE OF BIRTH* Aug. 12 1915, 193 (Month) (Day) (Year)

FULL* NAME FATHER Herbert E. Grant

FULL* MAIDEN NAME MOTHER May Richardson ~~Grant~~

I HEREBY CERTIFY that the child described herein been named

Billie Archie Grant

(Give name in full) (Surname)

H E Grant

(Parent'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.

Form X

273-812-495