

2430

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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

County Registrar's No.* 175

Place of Birth Pima County Graham No. _____ St. _____
(Registration District)

SEX OF CHILD* Twin or other? Single and } Number in order of birth 5
Male

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* August 19, 1915
(Month) (Day) (Year)

Orrin S. Ferrin
(Give name in full) (Surname)

FULL NAME FATHER Chas. E. Ferrin

Information taken from Certificate of Blessing. L.D.S. Church
(Parent's Signature)

FULL MAIDEN NAME MOTHER Bettie Stinson

(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.

5M 5/20/41

665 - 819 - 225