188

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

eturn should preferably be made person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.*_____

of Birth Globe Arizona. (Registration district) No. 234 Silver Street St.

CHILD* le | Twin* Triplet or other? | and | Number* in order of birth

OF BIRTH* Sept (Month) 22 (Day) 191 5 (Year)

FATHER Albert E. Heath

MOTHER Edith Jennings

EN

I HEREBY CERTIFY that the child described herein has been named

Albert Earnest Heath
[Give name in full] [Surname]

[Signature] Edith Heath Earnest A. Heath

Alvin Kurmse M.D.
(Physician or Midwife)

hese items to be entered by the local registrar before giving out this form.

ank supplemental reports of births may be obtained from the local registrar.
cal registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on ay of following month.

188- 922- 512