

12485

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *131*

Place of Birth *Globe* County *Gila* No. *Globe-Miami Rd. St.*

SEX OF CHILD* *girl* Twin Triplet or other? } and } Number in order of birth

DATE OF BIRTH* *February 17th 1916*
(Month) (Day) (Year)

FULL NAME *George R. Rigby* FATHER

FULL MAIDEN NAME *Barbara M. Meeth* MOTHER

I HEREBY CERTIFY that the child described herein has been named

Katherine Mary Rigby
(Give name in full) (Surname)

Mrs. Barbara M. Rigby
(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.
5M 5/20/41

298-217 248