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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 148

Place of Birth Pala County Miami No. _____ St. _____
(Registration District)

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH* <u>Feb 29 1916</u>			
(Month) (Day) (Year)			
FATHER			
<u>Wallace Addis Sanders</u>			
MOTHER			
<u>Savannah Hutchison</u>			

I HEREBY CERTIFY that the child described
herein has been named

Therese Nina Sanders
(Give name in full) (Surname)

Delphine Irene Sanders
(Parent's Signature)

Strater
(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.
10 -8-42-Bower Co.

222-829-285