

827

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

457

U

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

SUPPLEMENTARY REPORT OF BIRTH

County Register No.\* 66

Place of Birth Miami (Registration district) No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD* <u>Female</u>	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>March</u> <u>16</u> <u>1916</u>	{Month}	{Day}	{Year}
FULL* NAME	FATHER <u>Emmett Earnest Banks</u>		
FULL* MAIDEN NAME	MOTHER <u>Mabel Finney</u>		

I HEREBY CERTIFY that the child described herein has been named

Ruth Elaine Banks  
(Give name in full) (Surname)

[Signature] Charles E. Finney M.D.

\*These items to be entered by the local registrar before giving out this form.

(Physician or Midwife)

Bl\* Supplemental reports of births may be obtained from the local registrar.

Registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on following month.

922-316-468