4105

# 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 Register No.* 4 9

Place of Birth Woodruff (Registration district) No. St.

SEX OF CHILD* Female | Twin* Triplet or other? | and | Number* in order of birth

DATE OF BIRTH March 30 [Month] [Day] 1916 [Year]

FULL* NAME FATHER George Elmer Gardner

FULL* MAIDEN NAME MOTHER Lois Howard

I HEREBY CERTIFY that the child described herein has been named

Marjorie Gardner
[Give name in full] [Surname]

[Signature] Mrs. L. E. Gardner

(Physician or Midwife)

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

Blank supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

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