

1407

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.* 98

Place of Birth Globe
(Registration district)

No. _____ St. _____

SEX OF CHILD* <u>male</u>	Twin* Triplet or other:	and	Number* in order of birth
DATE OF BIRTH* <u>Apr.</u> <u>15</u> 19 <u>16</u>	(Month)	[Day]	[Year]
FULL* NAME <u>L. A. Olson</u>	FATHER		
FULL* MAIDEN NAME <u>Agnes Vinyard</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

George Benjamin Olson
[Give name in full] [Surname]

[Signature] L. A. Olson

Dr. Holt
(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 the day of following month.

765-415-154