1963

42179

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZC

STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

PPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 135

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

Place of Birth Globe (Registration District) County Gila No. St.

SEX OF CHILD* F

Twin / Triplet / or other?

Number in order of birth

DATE OF BIRTH* MAY 6 1916 (Month) (Day) (Year)

FULL* NAME — FATHER: Carl Robinson

FULL* MAIDEN NAME — MOTHER: Alma Musgrave

I HEREBY CERTIFY that the child described herein has been named

EVA ELIZABETH ROBINSON

(Give name in full) (Surname)

Alma Musgrave
Robina Evans
(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.

10M 10-1-43—S.P.Co.

595-506-145