

2009

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \*167

Place of Birth Miami, Ariz. County Gila No. Millview Canyon St. (Registration District)

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

DATE OF BIRTH\* May 30 1916 (Month) (Day) (Year)

FULL NAME FATHER Mark Ray Brown

FULL MAIDEN NAME MOTHER Marjory Ophelia Whitney

I HEREBY CERTIFY that the child described herein has been named

Elsie Etha Brown (Parker) (Give name in full) (Surname)

Mrs. Marjory Brown (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 11-41 A.P.

✓ 525-530-468

MARGIN RESERVED FOR BINDING USE PERMANENT INK