

2556

ARIZONA STATE BOARD OF HEALTH

should preferably be made  
who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *116*

Birth *Globe, Arizona* County No. St.

LD*	Twin Triplet or other?	and	Number in order of birth
BIRTH: <b>June 7 1916</b> (Month) (Day) (Year)			
FATHER <b>Charles T. Watkins</b>			
MOTHER <b>Myrtle Ina Lamb</b>			

I HEREBY CERTIFY that the child described herein  
has been named

*Charles Timothy Watkins*  
(Give name in full) (Surname)

*Myrtle Ina Watkins*  
(Parent's Signature)

(Signature of Physician or Midwife)

forms to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.

362-607-432