

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Globe County Gila No. _____ St. _____

| | | | |
|---------------|------------------------------|-----|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
| <u>Female</u> | | | |

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* October 5, 1916
(Month) (Day) (Year)

FULL NAME FATHER Franklin Jamison Graham

FULL MAIDEN NAME MOTHER Susan Myrtle Carbine

Jean Graham
(Give name in full) (Surname)

Susan Myrtle Carbine Graham
(Parent's Signature) (Mother)

(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.
M 5/20/41

Franklin J. Graham, (Father)
174-1005-235

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