

21116

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.\*

Place of Birth

(Registration District)

Globe County Gila

No.

St.

SEX OF CHILD\*

Male

Twin  
Triplet  
or other

and

Number  
in order  
of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\*

Oct 12 - 1946

(Month)

(Day)

(Year)

John Thomas Osborn

(Give name in full)

(Surname)

FULL NAME

FATHER Albert Osborn

X Lois Morrow

(Parent's Signature)

FULL MAIDEN NAME

MOTHER Barbara Garrett

(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.

165-1012-273