

225

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 1114

Place of Birth Thatcher County Graham No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	{	and	{	Number in order of birth
DATE OF BIRTH* <u>Nov. 12, 1916</u>	(Month)	(Day)	(Year)		
FULL NAME <u>Edsail Thomas Blain</u>	FATHER				
FULL MAIDEN NAME <u>Amelia Palmer</u>	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

Kenneth E. Blain
(Give name in full) (Surname)

Amelia Blain
(Parent's Signature)

both deceased
(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-8-42-Bower Co.

225-112-199