

495

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

#188

Place of Birth Globe, Arizona County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
female			2nd

I HEREBY CERTIFY that the child described herein

has been named
Dorothy Ellen Robertson

Dorothy Ellen Robertson
(Give name in full) (Surname)

Cora Temple Robertson
(Parent's Signature)

DATE OF BIRTH* December 21 1916
(Month) (Day) (Year)

FULL* FATHER
NAME Irving Robertson

FULL* MOTHER
MAIDEN NAME Cora Temple

(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.

5M 7/11/40

495-1221-335