

2268

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Form should preferably be made
by person who made the original.

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 134

Place of Birth Central
(Registration district)

No. _____ St. _____

CHILD*	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH*	<u>June</u> [Month]	<u>3</u> [Day]	<u>1917</u> [Year]
FATHER <u>C. W. Combs</u>			
MOTHER <u>M. Combs</u>			

I HEREBY CERTIFY that the child described herein
has been named

Phay Edmo Combs.
[Give name in full] [Surname]

[Signature] Dr. Platt
(Physician or Midwife)

These items to be entered by the local registrar before giving out this form.
If supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on
day of following month.

632-602-432