

718

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 Register No. * 93

beneath the original.

Place of Birth Cocon
(Registration District)

No. _____ St. _____

SEX OF CHILD* Mr. Twin or other? Triplet and Number* in order of birth _____

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec. 16 1917
(Month) (Day) (Year)

Wanda Wilthank
(Give name in full) (Surname)

FULL* NAME S. L. Wilthank
FATHER

[Signature] S. L. Wilthank

FULL* MAIDEN NAME M. - Pearson
MOTHER

Cecilia Hamilton
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

662-1216-555