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# Damaged Document(s)

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

Should preferably be made by the person who made the original

**SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. \* 397

Registration District St. Joseph County Navajo No. \_\_\_\_\_ St. \_\_\_\_\_

Twin or other?	{	and	{	Number in order of birth

Date: Jan. 3 1919  
(Month) (Day) (Year)

FATHER: L. Westover

MOTHER: Mrs. Adele Bushman

I HEREBY CERTIFY that the child described herein has been named Ruth Westover  
(Give name in full) (Surname)

Margaret B. Westover  
(Parent's Signature)

Dr. O. S. Brown  
(Signature of Physician or Midwife)

Should be entered by the local registrar before giving out this form.

Additional reports of birth may be obtained from the local registrar.

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