

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.\* 141

Place of Birth Glenbar (Safford)  
(Registration district)

No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD\* male Twin\*  Triplet  or other?  and Number\* 1 in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* May 27 1920  
[Month] [Day] [Year]

Horace O Carter  
[Give name in full] [Surname]

FULL\* NAME W. W. Carter  
FATHER

[Signature] Mrs. W. W. Carter

FULL\* MAIDEN NAME Polly A. Matthews  
MOTHER

Dr. Morris  
(Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.  
Blank 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 tenth day of following month.

Place of Birth  
beneath the original