

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Register No. 142

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Glenbar (Safford)
(Registration district)

No. _____ St. _____
I HEREBY CERTIFY that the child described herein has been named

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

Morris E. Carter
[Give name in full] [Surname]

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

[Signature] Mrs. W. M. Carter

FULL* NAME W. H. Carter
FATHER

Dr. Morris
(Physician or Midwife)

FULL* MAIDEN NAME Polly A. Matthews
MOTHER

*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.

MARGIN RESERVED FOR BINDING.
This supplemental report is to be pasted beneath the original.