

1291

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.*

Place of Birth

Thatcher (Safford)

No.

St.

SEX OF CHILD*

Twin*
Triplet
or other*

and

Number
in order
of birth

female

✓

1

DATE OF BIRTH*

Sept.

29

1920

FULL*
NAME

Walter Chandler

FATHER

FULL*
MAIDEN
NAME

Millie Palmer

MOTHER

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Chandler

(Give name in full)

(Surname)

[Signature]

J. Newton Stratton

(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.

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