

2265

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. * 208

This supplemental report is to be placed beneath the original

Place of Birth _____ (Registration district) _____ No. _____ St. _____

SEX OF CHILD* *Female* Twin* Triplet or other* and Number* in order of birth *1*

DATE OF BIRTH* *Oct. 10 1920*
[Month] [Day] [Year]

FULL* FATHER NAME *D. J. Stewart*

FULL* MOTHER MAIDEN NAME *Surine Jacobson*

I HEREBY CERTIFY that the child described herein has been named

Thella Stewart
[Give name in full] [Surname]

[Signature] *D. J. Stewart*

J. W. 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.