

11-4-41

MARGIN RESERVED - BINDING
USE PERMANENT INK

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 Registrar's No.*

Place of Birth Glade County Gila No. _____ St. _____

SEX OF CHILD* Male Twin or other? _____ and _____ Number in order of birth 1/92

DATE OF BIRTH* Sept 28 - 1928
(Month) (Day) (Year)

FULL NAME Vicente Garcia FATHER

FULL MAIDEN NAME Ella Newkbury MOTHER

I HEREBY CERTIFY that the child described herein has been named

Edwin Winslow Newkbury
(Give name in full) (Surname)

Ella E. Newkbury
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
SM 5/20/41

538-928-537