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BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			
DATE OF BIRTH* <u>November 4th</u> <u>1921</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER		
<u>Harry Parsons</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Nellie Deeble</u>			

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Phyllis Parsons (Give name in full) Parsons (Surname)

(Signature) Nellie Parsons

Dr. Kennedy (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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

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X-28-22