

172

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Vol. 11 # 126

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* November 12th 1921  
(Month) (Day) (Year)

Mary Louise Partridge  
(Give name in full) (Surname)

FULL\* FATHER  
NAME Francis S. Partridge

(Signature) R. D. Kennedy

FULL\* MOTHER  
MAIDEN NAME Ruth Stokes

Physician  
(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.

475-1112-922

4-24-22