

2304

**Damaged Document(s)**

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Globe

County Gila

No. Bailey St. 3<sup>rd</sup>

SEX OF CHILD\* male Twin or other?  and Number in order of birth

DATE OF BIRTH\* Feb 6 1922  
(Month) (Day) (Year)

FATHER NAME James F. Whitaker.

MOTHER NAME Rosa May Russell

I HEREBY CERTIFY that the child described herein has been named

Cecil Farmum Whitaker.  
(Give name in full) (Surname)

Mrs. Rosa Whitaker.  
(Parent's Signature)

W. W. Horst.  
(Signature of Physician)

\*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.  
10M 11-41 A.P.

369-206-923

MARGIN RESERVED FOR USE BY REGISTRAR