

2336

PHOTOGRAPH OF CHILD
PLACE OF BIRTH
DATE OF BIRTH
SEX OF CHILD
TWIN, TRIPLET OR OTHER?
NUMBER IN ORDER OF BIRTH
DATE OF BIRTH (Month, Day, Year)
FATHER'S NAME
MOTHER'S NAME
LOCAL REGISTRAR'S SIGNATURE

ARIZONA STATE BOARD OF HEALTH Vol. 2 No. 116
BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC. PHOENIX, ARIZONA

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Hayden County Gila No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* February 23 1922
(Month) (Day) (Year)

Robert Millard Cowden
(Give name in full) (Surname)

FULL* NAME FATHER
Millard Martin Cowden

(Signature) E. P. Cowden

FULL* MAIDEN NAME MOTHER
Eletha Lenore Hedgpeth

Fitz R. Wislow
(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.

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

935-223-588