

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Vol. 3 # 128

(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\* 

Female	Twin Triplet or other?	and	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* March 2nd 1922  
(Month) (Day) (Year)

Josephine Gilmore  
(Give name in full) (Surname)

FULL\* NAME FATHER  
Edward J. Gilmore

(Signature) Alvin Kirmse M.D.  
Physician

FULL\* MAIDEN NAME MOTHER  
Effie McBroom

\*These items to be entered by the local registrar before giving out this form. (Physician or Midwife)

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.

Correcting sex and name of child.

9-6-22

175-302-544