

1661

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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(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* | Twins Triplet or other? | { | and | } | Number in order of birth |
| <u>Female</u> | | | | | |
| DATE OF BIRTH* <u>May 8 1922</u> | | | | | |
| | | (Month) | (Day) | (Year) | |
| FULL NAME <u>Alexander N. Kay</u> | | | FATHER | | |
| FULL MAIDEN NAME <u>Kathleen Carlson</u> | | | MOTHER | | |

I HEREBY CERTIFY that the child described
herein has been named

Aleen Wilmaith Kay
(Give name in full) (Surname)

Kathleen McDowell
(Parent's Signature)

(Signature of 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.
10M-8-42-Bower Co.

128-508-235