

2352

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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 Inspiration County Gila No. St.

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* June 11 1923			
(Month) (Day) (Year)			
FULL NAME FATHER CHARLES EDWARD OPIE			
FULL MAIDEN NAME MOTHER MARY SHUTTLEWORTH			

I HEREBY CERTIFY that the child described herein has been named

MARY JANE OPIE

(Give name in full) (Surname)

Mrs Norton J Wood

(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 10-1-43-S.P.Co.

MARGIN RESERVED FOR BINDING
USE PERMANENT INK