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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 Globe

County Gila

No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH*	<u>July</u>	<u>16</u>	<u>1922</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Charles Eugene Collins</u>		
FULL MAIDEN NAME	MOTHER <u>Phelia N. Stegall</u>		

I HEREBY CERTIFY that the child described herein has been named Jetaski  
BEVERLY JEAN COLLINS  
(Give name in full) (Surname)  
Charles E. Collins  
(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.

232-716-623

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK