

4785

ARIZONA STATE BOARD OF HEALTH Vol. 9 # 140
BUREAU 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* <u>Male</u>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>September 26th</u> <u>1922</u>	(Month)	(Day)	(Year)
FULL* NAME <u>Ben R. Tolson</u>	FATHER		
FULL* MAIDEN NAME <u>Dorothy Meehan</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been
Tolson named
Meehan Gas Robert
 (Give name in full) (Surname)

 (Parent's signature)
P. D. Kennedy
 (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.

135-9216- 445 6-18-23