

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 11 # 105

(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*	Twin Triplet or other?	and	Number* in order of birth
Female			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* November 4th 1922
(Month) (Day) (Year)

Marjorie Ann Perry
(Give name in full) (Surname)

FULL* FATHER
NAME Frank Perry

Mr & Mrs Frank L. Perry
(Parent's signature)

FULL* MOTHER
MAIDEN NAME Opal O'Neal

O. Hunter
(Physician or Midwife)

*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.

5-19-23