

State File No. 154, Gila Co.

ARIZONA STATE BOARD OF HEALTH

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 Miami County Pila No. Smith St.

SEX OF CHILD* Twin } and } Number in order of birth 4th
Triplet }
or other? }

DATE OF BIRTH* Nov 27 1922
(Month) (Day) (Year)

FULL NAME FATHER James Friedrich Benson

FULL NAME MOTHER Effie Agnis Thomas

I HEREBY CERTIFY that the child described herein has been named

Frances Madeline Benson
(Give name in full) (Surname)

Effie Benson
(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.

5M 5/20/41

625-1127-532