

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 2 # 87

(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 Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Female</u>			
DATE OF BIRTH*	<u>February</u>	<u>2nd</u>	<u>1923</u>
	(Month)	(Day)	(Year)
FULL* NAME	FATHER		
	<u>Rue E. Curtis</u>		
FULL* MAIDEN NAME	MOTHER		
	<u>Creamonia Slaughter</u>		

I HEREBY CERTIFY that the child described herein has been named

Edwina Curtis
(Give name in full) (Surname)

Mrs Rue E Curtis
(Parent's signature)

Loyle M. Brown
(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.

6-30-23