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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Globe, Ariz. County Gila No. School Hills St. E. Mesquite St.

SEX OF CHILD* Female Twin Triplet or other? and Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 19, 1923 (Month) (Day) (Year)

Laurence Mae Sherman (Give name in full) (Surname)

FULL NAME FATHER John Francis Sherman

Mrs. Laurence Sherman (Parent's Signature)

FULL MAIDEN NAME MOTHER Laurence Kearne

(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.

625-619-665

MARGIN RESERVED FOR BINDING USE PERMANENT INK