

951

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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. 132

Place of Birth Miami County Pima No. _____ St. _____

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>July 2, 1923</u>	(Month)	(Day)	(Year)
FULL NAME <u>Wallace</u>	FATHER <u>Branch</u>		
FULL MAIDEN NAME <u>Beatrice Platt</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named
Geraldine Branch
(Give name in full) (Surname)
Beatrice Platt Branch
(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

728-702-273