

1834

State File No. 153, 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 Globe County Gila No. .... St. ....  
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* August 12, 1923.  
(Month) (Day) (Year)

Albert Edmund Gregory  
(Give name in full) (Surname)

FULL NAME Ivan Gregory FATHER

Mrs Celia (Gregory) Culver  
(Parent's Signature)

FULL MAIDEN NAME Celia Carne MOTHER Conist

(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.

SM 7/11/40

178-812-335