1001

ARIZONA STATE BOARD OF HEALTH

RECEIVED

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.* 191

Place of Birth Miami Ariz County Gila No. St.
(Registration District)

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

DATE OF BIRTH* Nov (Month) 28 (Day) 1923 (Year)

FULL NAME FATHER Earl Keeler Roseberry

FULL MAIDEN NAME MOTHER Thelma Boswell Roseberry

I HEREBY CERTIFY that the child described herein has been named

Earl Kenneth Roseberry
(Give name in full) (Surname)

Earl K. Roseberry
(Parent's Signature)

Cyril M. Brown M.D.
(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 11-41 A.P.

598-1128-323

9075 - 2/25/86 (1x) NM 3/24/86