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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 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>Feb</u>	<u>6</u>	<u>1924</u>		
	(Month)	(Day)	(Year)		
FULL NAME	FATHER <u>Mitchel LeRoy Smith</u>				
FULL MAIDEN NAME	MOTHER <u>Beatrice Sims</u>				

I HEREBY CERTIFY that the child described herein has been named

Lorraine Smith  
(Give name in full) (Surname)  
Mitchel LeRoy Smith  
(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.  
10M-8-42-Bower Co.

328-206-222