Damaged Document(s)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 2 #111

ld preferably be made
o made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Miami County Gila No. St.
strict)

Twin Triplet or other?	and	Number* in order of birth

February 7th 192 4
(Month) (Day) (Year)

FATHER
S. Clark

MOTHER
ie Ellen Finnegan

I HEREBY CERTIFY that the child described herein has been named

Emma Evelyn Clark
(Give name in full) (Surname)

Carrie Ellen Clark
(Parent's signature)

SIGNATURE OF (Physician or Midwife)

entered by the local registrar before giving out this form.

reports of birth may be obtained from the local registrar.
t mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day

7-8-24