1934

BINDING
IS A PERMANENT RECORD
EN must be made for each, and the number of each,
ed.

49a

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*.....

Place of Birth Douglas (Registration District) County Cochise No. — — St.

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

DATE OF BIRTH* March (Month) 17 (Day), 1924 (Year)

FATHER
FULL NAME Loren V. Guthrie Jr.

MOTHER
FULL* MAIDEN NAME Anna Elizabeth Dillman

I HEREBY CERTIFY that the child described herein has been named

Melva Eileen Guthrie
(Give name in full) (Surname)

Loren V. Guthrie Jr
(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.

475 - 317 - 145