108

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 112

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

Place of Birth Globe Arizona County ..... No. 356 Center St.
(Registration District)

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

DATE OF BIRTH* April (Month) 3 (Day) 1924 (Year)

FATHER

FULL NAME Sam John Porter

MOTHER

FULL* MAIDEN NAME Bertie Maud Gloyne

I HEREBY CERTIFY that the child described herein has been named

Marion Emogene Porter
(Give name in full) (Surname)

Mr + Mrs Sam John Porter
(Parent's Signature)

Dr C White
(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.

479-403-275