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.* 165

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

SEX OF CHILD*	Twin Triplet or other? one	and	Number in order of birth 1st
DATE OF BIRTH* April (Month)	20 (Day)	1924 (Year)	
FULL NAME	FATHER Roy Wendell Gibson		
FULL* MAIDEN NAME	MOTHER Frances Lucille May		

I HEREBY CERTIFY that the child described herein has been named

June Maria Gibson
(Give name in full) (Surname)

Mrs Roy Gibson
(Parent's Signature)

Dr. C. E. Irvin.
(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.

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