

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 128

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other? <input checked="" type="checkbox"/>	{ and }	Number in order of birth
Female			3

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* June 8th 1924  
(Month) (Day) (Year)

Irene Laura Carter  
(Give name in full) (Surname)

FULL NAME FATHER  
Arno Carter

Bertha Carter  
(Parent's Signature)

FULL MAIDEN NAME MOTHER  
Bertha Luna

\_\_\_\_\_  
(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.

939-608-231