1180

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.* 157

Place of Birth Gila (Registration District) County Arizona No. St.

SEX OF CHILD* female | Twin Triplet or other? | and | Number in order of birth 6

DATE OF BIRTH* August 20, 1934 (Month) (Day) (Year)

FULL NAME FATHER Jesse Columbus Gibson

FULL* MAIDEN NAME MOTHER May Mahala Roberts

I HEREBY CERTIFY that the child described herein has been named

Lillie Arizona Gibson (Give name in full) (Surname)

May Mahala Gibson (Parent's Signature) Mother

Hackett, Arkansas

375-820-492

*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.

Subscribed and sworn to before me a Notary Public for and within the County of Sebastian, State of Arkansas this the 17th day of February, 1943

Expires June 30, 1944