

1166

State File No. 185, Gila Co.

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 123

Place of Birth Miami County Gila No. 296 Live Oak St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Nov. 21st 1924
(Month) (Day) (Year)

Mark L. Webb
(Give name in full) (Surname)

FULL NAME Mark Roy Webb FATHER

Glenna Webb Smock
(Parent's Signature) (mother)

FULL MAIDEN NAME Glenna Leona Layton MOTHER

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

F F Miller

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

462-1121-735

USE PERMANENT