

2104

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 1035

Place of Birth Globe, County Gila No. Sycamore St St.

SEX OF CHILD\* M. Twin Triplet or other? } and { Number\* in order of birth 2nd

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Dec 28 1924  
(Month) (Day) (Year)

James Brewer Phillips  
(Give name in full) (Surname)

FATHER  
FULL NAME Dr. Brewer Ely Phillips

Mrs. Brewer E Phillips  
(Parent's signature)

MOTHER  
FULL MAIDEN NAME Algie May Henry

M. M. Horst  
(Signature of Physician or Midwife.)

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

Blank supplemental reports of birth may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.