V

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 1 #304

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Palo Verde County Maricopa No. St.
(Registration District)

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

DATE OF BIRTH* January (Month) 5th (Day) 1925 (Year)

FULL* NAME FATHER William Ross Roberts

FULL* MAIDEN NAME MOTHER Edith Higgins

I HEREBY CERTIFY that the child described herein has been named

Cath[redacted] Eloise Rober
(Giv[redacted] (Surname)

Mrs. [redacted] Roberts
(Parent's signature)

G. C. Rubel
(Signature of Physician or Midwife)

*These items to be entered by the local regist[illegible] before giving out this form.

Blank supplemental reports of birth may be obtained fr[illegible] the local registrar.
Local registrars must mail supplemental reports immedia[illegible] to county registrar. County registrars must mail with original certificate on tenth da[illegible] of following month.

1-11-26

382-105582

#304

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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 Register No.*

Place of Birth Palo Verde Ariz No. St.
(Registration district)

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

DATE OF BIRTH* 1 (Month) 5 (Day) 1925 (Year)

FULL* NAME FATHER Wm Ross Roberts

FULL* MAIDEN NAME MOTHER Edith Higgins

I HEREBY CERTIFY that the child described herein has been named

Catherine Eloise Higgins
[Give name in full] [Surname]

[Signature] G. C. Rubel

Buckeye Ariz
(Physician or Midwife)

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

Blank supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate o[illegible] tenth day of following month.

382-105-582