MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 171

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

SEX OF CHILD* female	Twin ✓ Triplet or other?	and	Number in order of birth 1st
DATE OF BIRTH* April (Month) 16 (Day), 1925 (Year)			
FULL NAME	FATHER James Irving White		
FULL MAIDEN NAME	MOTHER Henrietta Scott		

I HEREBY CERTIFY that the child described herein has been named

Olive Martha, White
(Give name in full) (Surname)

Henrietta White
(Parent's Signature)

(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—8-42—Bower Co.

665-416-823

MAY 11 1925

Ans. ..... File .....

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