

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

GENERAL REGISTRATION

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 9-25 # 38

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.

Place of Birth Pine County Gila No.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* September 3rd 1925
(Month) (Day) (Year)

Stella Ann Stewart
(Give name in full) (Surname)

FULL NAME Robert Stewart
FATHER

[Signature]
(Parent's Signature)

FULL MAIDEN NAME Helen Grace Black
MOTHER

(Signature of Physician or other authorized person)

*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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail original certificate on tenth day of following month.

Giving maiden name of mother.

Return supplementary report in...

8-4-26
3342 5-11-90 1x SD 6-11-90
049659 5/2/96 (K) RC 5/24/96