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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 Registrar's No. *

Place of Birth
(Registration District)

Globe, Arizona County Gila

No. 645 South 2nd St.

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

Rose Mary Reardon
(Give name in full) (Surname)

DATE OF BIRTH*

Sept. 11, 1925
(Month) (Day) (Year)

Mrs M. J. Reardon
(Parent's Signature)

FULL
NAME

FATHER

Max James Reardon

FULL
MAIDEN
NAME

MOTHER

Marina Ochoa

(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.

6M 5/20/41

MARGIN RESERVED FOR BINDING
USE PERMANENT INK