

ARIZONA STATE BOARD OF HEALTH Vol. 9-25 # 119
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.....Globe.....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 14.....1925.....
(Month) (Day) (Year)

Katherine Rose Brown
(Give name in full) (Surname)

FULL* FATHER
NAME Brooks Lucas Brown

Lillie Benton Grantham Bro
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Lillie Benton Grantham

C W Adams
(Signature of Physician)

*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.

Changing child's name

3-22-26

Return supplementary report immediately

beneath the original.

RECEIVED
OCT 13 1925
File

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MARG
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