

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.\* 1447

Place of Birth Miami, Ariz. County Gila  
(Registration District)

No. Miami Inpatient Hosp

I HEREBY CERTIFY that the child described  
herein has been named

SEX OF CHILD*	Twin Triplet or other?	{	and	{	Number in order of birth
DATE OF BIRTH*	<u>Sept. 21 1925</u>	(Month)	(Day)	(Year)	
FULL NAME	<u>Michael H. Bissett</u> FATHER				
FULL MAIDEN NAME	<u>Bessie L. Cox</u> MOTHER				

Marjorie Louise Bissett  
(Give name in full) (Surname)

Mrs. Bessie L. Bissett  
(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.

423-921-237