

This report must be filed with the Registrar of Births

REPORT TO BOARD OF HEALTH

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.* 193

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

I HEREBY CERTIFY that the child described herein has been named

Margaret Colleen Murphy
(Give name in full) (Surname)

M. F. Murphy
(Parent's Signature)

(Signature of Physician or Midwife)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH*	Dec. 30,	1925	
	(Month)	(Day)	(Year)
FULL NAME	FATHER Mike F. Murphy		
FULL MAIDEN NAME	MOTHER Helen M. Conway		

*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.

448-1230-838

MARGIN RESERVED FOR BINDING
USE PERMANENT INK