

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

FORM NO. 10-1-31

ARIZONA STATE BOARD OF HEALTH Vol. 6-26 # 141  
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. **341 ash** St. ....

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* **June 25th** 192 **6**  
(Month) (Day) (Year)

**June Burroughs**  
(Give name in full) (Surname)

FULL\* FATHER NAME **Alvin J. Burroughs**

**Alice Burroughs**  
(Parent's Signature) In ink

FULL\* MOTHER MAIDEN NAME **Alice Magee**

**J. S. Hansen, M.D.**  
(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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Return supplementary report immediately.

9-F-2-C

122-625-145

RECEIVED

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Subscribed and sworn to before me this 25th day of June, 1926, at Globe, Arizona.

W. T. H. DEPT. OF HEALTH