

ARIZONA STATE BOARD OF HEALTH Vol. 8-26 # 142  
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. .... St. St.  
(Registration District)

I HEREBY CERTIFY that the child described herein has been named

Dorothy Jean Garrett

(Give name in full) (Surname)

Walter Thomas Garrett

(Parent's Signature) in ink

Clarence Gunter

(Signature of Physician or Midwife)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			
DATE OF BIRTH*	<u>August 4th</u>	<u>192. 6</u>	
	(Month) (Day)	(Year)	
FULL* NAME	FATHER <u>Walter Thomas Garrett</u>		
FULL* MAIDEN NAME	MOTHER <u>Dorothy Sunshine Pinyan</u>		

\*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.

Corrections. 1-6-27

473-304 Return supplementary report immediately.

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