

ARIZONA STATE BOARD OF HEALTH Vol. 10-26 # 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 Roosevelt County Gila No. St.
(Registration District)

| | | | |
|---------------|---------------------|---------|--------------------------------|
| EX. OF CHILD | Twin | } and } | Number in order of birth |
| <u>Female</u> | Triple or other? | | |

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH October 15th 1926
(Month) (Day) (Year)

Virginia Kay Conway
(Give name in full) (Surname)

FATHER
FULL NAME Irl Conway

J. Bell Grantham
(Parent's Signature) Grantham

MOTHER
FULL NAME Addie Bell Grantham

C. H. Wesser
(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.

4-11-27

Return supplementary report immediately.

538-1005-174

RECEIVED
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