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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

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

I HEREBY CERTIFY that the child described herein
has been named

FLORA BELLE ZELLNER

(Give name in full)

(Surname)

Elizabeth J. Zellner
(Parent's Signature)

DATE OF BIRTH* October 31 1926
(Month) (Day) (Year)FULL NAME FATHER
Daniel G. ZellnerFULL MAIDEN NAME MOTHER
Elizabeth J. Foster

(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 10-1-43—S.P.Co.

699-1031-569

MARGIN RESERVED FOR BINDING
USE PERMANENT INK