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ARIZONA STATE BOARD OF HEALTH
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. 260

Place of Birth Globe County Gila No. East Globe near Hospital St.

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

DATE OF BIRTH* 12 12 1926
(Month) (Day) (Year)

FULL* NAME FATHER Jim Allen

FULL* MAIDEN NAME MOTHER Edith Molay

I HEREBY CERTIFY that the child described herein has been named

Daniel Allen
(Give name in full) (Surname)

Amer. Indian - illiterate
(Parent's signature)

G. E. Wylkison
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar. Must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day