

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 182
Registered No. 271

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child R. B. Burnett
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other - 5. No., in order of birth - 6. Legitimate? yes 7. Date of birth Dec. 23, 1926
Month Day Year

8. FATHER
Full name Wirt Burnett

14. MOTHER
Full maiden name Iris May Steward

9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

16. Color or race W
17. Age at last birthday 18 (Years)

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH
Place of Birth Globe (Registration District) County Gila No. _____ St. _____
County Registrar's No. * 182

SEX OF CHILD Male Twin Triplet or other? _____ and _____ Number in order of birth _____
DATE OF BIRTH Dec. 23rd 1926
FULL NAME William Wirt Burnett FATHER
FULL MAIDEN NAME Iris May Steward MOTHER

I HEREBY CERTIFY that the child described herein has been named Norman Kenneth Burnett
(Give name in full) (Surname)
W. W. Burnett
(Parent's Signature)
(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-8-42-Bower Co.

523 - 1223 - 924
523 - 1223 - 124