ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 153

ıld preferably be made
ıo made the original)

rth Tonto Basin County Gila No. ..... St.

n District)

Twin Triplet or other?	and	Number in order of birth

H* January (Month) 29 (Day) 1928 (Year)

FATHER
umbus Martin

MOTHER
elma Cluff

I HEREBY CERTIFY that the child described herein has been named

Eleanor Drucilla Martin
(Give name in full) (Surname)

x Columbus Martin
(Parent's Signature)

(Signature of Physician or Midwife)

ms to be entered by the local registrar before giving out this form.

pplemental reports of birth may be obtained from the local registrar.

10M 1-45