

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
SUPPLEMENTARY REPORT OF BIRTH

COUNTY REGISTRAR'S NO. \*

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \*

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

SEX OF CHILD* <b>Male</b>	Twin Triplet or other?	} and }	Number in order of birth
DATE OF BIRTH* <u>March</u> <u>10th</u> <u>1928</u> (Month) (Day) (Year)			
FULL NAME <u>Francis A. Nance</u>	FATHER <u>Francis A.</u>		
FULL MAIDEN NAME <u>Emily Arnold Nance</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Robert Lee Nance  
(Give name in full) (Surname)

Francis A. Nance  
(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.

5M 5/20/41

✓ 955-310-555

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
COUNTY REGISTRAR'S NO. \*  
Globe, Arizona