ARIZONA STATE BOARD OF HEALTH Vol. 3-28 #128

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

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

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

DATE OF BIRTH* March 11 (Month) (Day) 1928 (Year)

FULL* NAME — FATHER: Bert Simmonds

FULL* MAIDEN NAME — MOTHER: Bernice Louise Hamrick

I HEREBY CERTIFY that the child described herein has been named

Robert Arthur (Given name in full) Simmonds (Surname)

× Mrs. Bert Simmonds (Father's or Mother's Signature)

× T. C. Harper, M. D. (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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

Supply mother's maiden name
9-21-25

Supplementary report must be returned within 15 days

RECEIVED
MAY 12 1928
Ans. File

10-3-83

9-27-83