ARIZONA STATE BOARD OF HEALTH Vol. 8-28 #547

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.*

Place of Birth (Registration District) Ajo County Pima No. St.

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

DATE OF BIRTH* August 12 (Month) (Day) 192 8 (Year)

FULL* NAME — FATHER: James Delbert Seeds

FULL* MAIDEN NAME — MOTHER: Ruby Brown

I HEREBY CERTIFY that the child described herein has been named

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

X Mrs J. H. Seeds
(Father's or Mother's Signature)

Supplementary report [illegible] within 15 days

X Dr. J. H. Omer
(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.

Changing child's name

11-13-25