MARGIN RESERVED FOR BINDING

USE PERMANENT INK

173

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth (Registration District) MIAMI County GILA No. Hill St.

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

DATE OF BIRTH* 12 (Month) 24 (Day) 28 (Year)

FULL* NAME FATHER Francis Neese Wood

FULL* MAIDEN NAME MOTHER Rubey Edna Ollson

I HEREBY CERTIFY that the child described herein has been named

Rubey Edna Wood
(Give name in full) (Surname)

Mrs. Rubey E. Wood, Sr.
(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 1-45

964-1224-965