374238

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPLEMENTARY REPORT OF BIRTH

(his return should preferably be made the person who made the original)

County Registrar's No.* 129

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

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

TE OF BIRTH* March 2 1929
(Month) (Day) (Year)

FATHER
ORVILLE SCHUBERT

MOTHER
CARMELITA BUNCH

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.
-41 A.P.

I HEREBY CERTIFY that the child described herein has been named

BONNIE JEAN SCHUBERT
(Give name in full) (Surname)

Mrs Carmelita Bunch Schubert
(Parent's Signature)

(Signature of Physician or Midwife)

223-302-328

3949
3950

RECEIVED
APR 10 1929
File