

REPUBLIC OF THE PHILIPPINES
 DIVISION OF VITAL STATISTICS
 BUREAU OF HEALTH

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 118

Place of Birth Hayden County Gila No. _____ St. _____
 (Registration District)

SEX OF CHILD* Male	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>August 6, 1929</u> (Month) (Day) (Year)			
FULL NAME FATHER <u>Leon Andrew Bivin</u>		MOTHER <u>Frances Pauline Bush</u>	

I HEREBY CERTIFY that the child described
 herein has been named

Robert Eugene Bivin

(Give name in full)

(Surname)

Information taken from application

(Parent's Signature)

of Father.

(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 141 A.P.

925-806-628



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