ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 12

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

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

DATE OF BIRTH* Nov. (Month) 5 (Day) 1929 (Year)

FATHER

FULL NAME Roy Anderson Blake

MOTHER

FULL* MAIDEN NAME Dorothy May Simpson

I HEREBY CERTIFY that the child described herein has been named

Roy Melvin Blake
(Give name in full) (Surname)

Dorothy Blake
(Parent's Signature)

Mrs. ~~A. J. [illegible]~~
(Signature of ~~Physician~~ or Midwife)
Katie Miller

*These items to be entered by the legal registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

925-1105-112

Received
DEC 9 1929
Board of Health