

1154

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 Register No.*.....

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

Place of Birth..... (Registration District) No. St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec 22 1916
(Month) (Day) (Year)

Louise Butler
(Give name in full) (Surname)

FULL NAME John J. Butler
FATHER

[Signature]

FULL MAIDEN NAME Susan C. Pidd
MOTHER

[Signature]
(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 county registrar. County registrars must mail with original certificate on tenth day of following month.

329-1222-294

rec'd Oct 16th 1922
F. E. L. R. #3