

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.* 157

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

| | | | |
|------------------------------|---|-----|--|
| SEX OF CHILD* <u>Male</u> | Twin Triplet or other? <u>no</u> | and | Number in order of birth <u>1</u> |
|------------------------------|---|-----|--|

DATE OF BIRTH* February 13, 1927
 (Month) (Day) (Year)

FULL NAME J. Frank Parks
 FATHER

FULL MAIDEN NAME Mary Ochal Young
 MOTHER

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

I HEREBY CERTIFY that the child described herein has been named

Jack Franklin Parks
 (Give name in full) (Surname)

J. F. Parks
 (Parent's Signature)

T. C. Hayer, M.D.
 (Signature of Physician or Midwife)

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

10M 11-41 A.P.

172-218-2187