

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 154

Place of Birth Mamou County Gila No. 720 Merritt St.  
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>May</u> <u>12</u> <u>1927</u>	(Month)	(Day)	(Year)
FULL NAME <u>Dear Rollen Caple</u>	FATHER		
FULL MAIDEN NAME <u>Jewel Wood</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Eugene Jack Caple  
(Give name in full) (Surname)  
Jewel Caple  
(Parent's Signature)

(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-8-42-Bower Co.

535 - 512 - 164

USE PERMANENT INK