ARIZONA STATE BOARD OF HEALTH Vol. 8-27 # 3

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth (Registration District) Saint Johns County Apache Local Registrar's No.* ..... No. ..... St.

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

DATE OF BIRTH* August 3rd (Month) (Day) 1927 (Year)

FULL* NAME — FATHER: Thomas L. Jones

FULL* MAIDEN NAME — MOTHER: Tamar Lewis

*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

Avanell Jones
(Given name in full) (Surname)

Tamar L. Jones
(Father's or Mother's Signature)

G. J. Boelsche M.D.
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

Supplementary report must be returned within 15 days

12-19-27