

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. * 181

Place of Birth

Payson County ARIZONA

No.

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*

August 22 1927

FREDERICK WARREN HANCOCK

FULL NAME

MELVINE C HANCOCK

FULL MAIDEN NAME

ETHEL A Stratton

Fred Warren Hancock
(Parent's Signature)
Ethel A Stratton
(Signature of Physician or Midwife)

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

ARIZONA STATE BOARD OF HEALTH Vol. 8-27 # 181
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Place of Birth

Payson County Gila

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*

August 22nd 1927

Fred Warren Hancock

FULL NAME

Melvin C. Hancock, Jr.

FULL MAIDEN NAME

Ethel Anna Stratton

Fred Warren Hancock
(Father's or Mother's Signature)
J. R. Pissen
(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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

Corrections

12-20-27

Supplementary report must be returned within 15 days

682-822-525