ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 182

Place of Birth Pima County Graham No. St.
(Registration District)

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

DATE OF BIRTH* September (Month) 6 (Day) 1927 (Year)

FULL* NAME FATHER Jimmie Edgar Maner

FULL* MAIDEN NAME MOTHER Mabel Samathie Chatfield

I HEREBY CERTIFY that the child described herein has been named

Jack Buster (Give name in full) Maner (Surname)

Mabel Maner (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.

249-906-434

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