MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should pr[illegible]rably be made by the person who m[illegible] the original)

County Registrar's No.*

Place of Birth Pyson Ariz County Gila No. St.
(gistration District)

SEX OF CHILD*	Twi[illegible] Trip[illegible] or o[illegible]?	and	Number in order of birth
1 Boy			

DATE OF BIRTH* March 23, 1930
(Month) (Day) (Year)

FULL NAME FATHER Jess Liver McDaniel

FULL* MAIDEN NAME MOTHER Linn Loleta Swearingen

I HEREBY CERTIFY that the child described herein has been named

Gerald Antone McDaniel
(Give name in full) (Surname)

x Lennie Loleta McDaniel
(Parent's Signature)

x Linnie Menges (midwife
(Signature of Physician or Midwife)

*These items to [illegible]red by the local registrar before giving out this form.

Blank suppleme[illegible]ports of birth may be obtained from the local registrar.

10M—8-42—Bower Co

143-323-321