

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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A return should preferably be made by the person who made the original.)
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. _____
 Place of Birth Globe, County Gila No. _____ St. _____
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>Aug</u> <u>23</u>		<u>1940</u>
	(Month) (Day)		(Year)
FATHER	<u>Todd Joy</u>		
MOTHER	<u>Virgie Mae Martin</u>		

I HEREBY CERTIFY that the child described herein has been named
Kenneth Lynn Joy
 (Give name in full) (Surname)
Virgie Mae Joy
 (Parent's signature)

 (Signature of Physician or Midwife.)

These items to be entered by the local registrar before giving out this form.
 Rank supplemental reports of birth may be obtained from the local registrar.
 Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

216-823-545

3711

NOT TO BE USED FOR BIRTH

THIS IS TO BE USED IN CONNECTION WITH THE BIRTH RECORDS OF THE STATE OF ARIZONA. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.