

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

172

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.

Place of Birth Globe County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other	}	and	}	Number in order of birth
Male					

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Sept 22 1930
(Month) (Day) (Year)

DAMON JOHN RILEY MILLER

(Give name in full) (Surname)

FULL NAME FATHER
Grover F. Miller

Henriette F. Miller
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Henriette Selchow

(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.

10M 10-1-43-S.P.Co.

449-972-826