

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

904

(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 Mesa County Maricopa No. 242 So. Robson St.
(Registration District)

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

DATE OF BIRTH* Feb. 14 1931
(Month) (Day) (Year)

FULL NAME George Wilson Fuller
FATHER

FULL MAIDEN NAME Edith Lee Jones
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Lora Edith Fuller
(Give name in full) (Surname)

Edith Lee Jones Gould
(Parent's Signature)

369-214-512
(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-8-42-Bower Co.