ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 114

...turn should preferably be made ...person who made the original)

...of Birth Miami County Gila No. ..... St.

...tration District)

...HILD*	Twin Triplet or other?	and	Number in order of birth
M			

...BIRTH* APRIL 9, 1931 (Month) (Day) (Year)

FATHER

JACK JOHNSON

MOTHER

ADA T. SPURGEON

I HEREBY CERTIFY that the child described herein has been named

JACK HARVEY JOHNSON

JACK HARVEY JOHNSON (Surname)

(Give name in full)

Ada (Johnson) Bell

(Parent's Signature)

(Signature of Physician or Midwife)

...items to be entered by the local registrar before giving out this form.

...supplemental reports of birth may be obtained from the local registrar.

...13—S.P.Co.

115-409-125

MARGIN RESERVED FOR BIN...

USE PERMANENT INK

45468

Place (Regi...

SEX OF ...

M

DATE OF ...

FULL* NAME

FULL* MAIDEN NAME

*These ...

Blank ...

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...11 1931

...ona State Board of Health

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