ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the orginal.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

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

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

DATE OF BIRTH* July (Month) 3 (Day) 1931 (Year)

FULL* NAME FATHER Robert Chas Maynard

FULL* MAIDEN NAME MOTHER Alice Rosalie Phillips

I HEREBY CERTIFY that the child described herein has been named

Robert George Maynard
(Give name in full) (Surname)

Mrs Robt C Maynard
(Parent's signature)

.....
(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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.