MARGIN RESERVED FOR BINDING
USE PERMANENT INK

NF

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 117

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

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

DATE OF BIRTH* July (Month) 14 (Day) 1931 (Year)

FULL* NAME FATHER P. C. Harris

FULL* MAIDEN NAME MOTHER Mabell Laird

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

I HEREBY CERTIFY that the child described herein has been named

Paul Charles (Give name in full) Harris (Surname)

Perry C. Harris (Parent's Signature)

Maybelle Laird Harris (Signature of Physician or Midwife)

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

10M 12-46

782-714-434

Arizona State Board of Health