ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*

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

Place of Birth (Registration District) Gila County Clay Pool Riz No. 1 Broad St. St.

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

DATE OF BIRTH* Jan (Month) 31 (Day) 1933 (Year)

FULL* NAME FATHER LeRoy Potter Merrill

FULL* MAIDEN NAME MOTHER Clover B Adams

I HEREBY CERTIFY that the child described herein has been named

LeRoy James Merrill (Give name in full) (Surname)

Mrs L. P. Merrill (Parent's signature)

Alison D Brayton (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 or tenth day of following month.

343-131-312

Received FEB 1 1933 Arizona State Board of Health

1493 Kinman 102088