

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 85A

Place of Birth* Miami
City

Gila
County

Local Registrar's No.*

SEX OF CHILD*	DATE OF BIRTH*		
Male	April	29.	1933
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
	Albert John Sims		
FULL MAIDEN NAME	MOTHER		
	Ella Laver Holliday		

I HEREBY CERTIFY that the child described herein has been named

Phillip Keith Sims,
(First) (Middle) (Last)

Albert J. Sims
(Parent's signature)

Date Aug. 26, 1952
(Month) (Day) (Year)

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

VS 48 Rev. 4-51



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