797

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.*.....

Place of Birth Casa Grande County Pinal No. ..... St.
(Registration District)

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

DATE OF BIRTH* Feb. 7 (Month) (Day) 37 (Year)

FULL NAME FATHER Arthur L. Johnston

FULL* MAIDEN NAME MOTHER Myrtle L. Pointer

I HEREBY CERTIFY that the child described herein has been named

Jerry Thomas Johnston
(Give name in full) (Surname)

Myrtle Johnston
(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.

10M—8-42—Bower Co.

Filed in March Book.

115-307-479

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ARIZONA STATE BOARD OF HEALTH

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