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# 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 Phoenix County Maricopa No. .... St. ....  
(Registration District)

SEX OF CHILD* <u>male</u>	Twin Triplet or other? }	and	{ Number in order of birth
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I HEREBY CERTIFY that the child described herein has been named

JORDAN WILLIAM DERRYL  
(Give name in full) (Surname)

DATE OF BIRTH\* 10 15 39  
(Month) (Day) (Year)

W Jordan  
(Parent's Signature)

FULL\* FATHER  
NAME William Derryl Jordan

FULL\* MOTHER  
MAIDEN NAME Margaret Ruth Amersault

.....  
(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 10-1-48—S.P.Co.

AMIR AULT ✓ ~~###~~ 615-1015-615