

524

MARGIN RESERVED FOR BINDING

George W. Morrell

ARIZONA STATE BOARD OF HEALTH  
BUREAU 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 Pinal County Pinal No. .... St. ....

SEX OF CHILD\* male Twin Triplet or other? } and { Number in order of birth

DATE OF BIRTH\* February 22<sup>nd</sup> 1888  
(Month) (Day) (Year)

FULL NAME Franklin P. Morrell FATHER

FULL MAIDEN NAME Dorcas Emeline Poy MOTHER

I HEREBY CERTIFY that the child described herein has been named

George Washington Morrell  
(Give name in full) (Surname)

Dorcas E. Whitlow  
(Parent's Signature)

Dr. Kincaid  
(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.

5M 7/11/40

743-222 1/18