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A TRIP
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ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Jerome County Yavapai No. St.

SEX OF CHILD*	<u>Male</u>	Two Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>May</u>	<u>8</u>	<u>1995</u>	
FULL NAME	<u>Allen Johnson</u>			
FULL MAIDEN NAME	<u>Elizabeth M. Carty</u>			

I HEREBY CERTIFY that the child described herein has been named

Edward Allen Johnson
(Give name in full) (Surname)

W. D. Mc Carty
(Parent's Signature)

Uncle
(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 11-41 A.P.

515-508-548

MARGIN RESERVED
USE PERMAN