

15 10

MARGIN RESERVED FOR LINDING  
USE PERMANENT INK

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 Maricopa County Phoenix No 1904 Montezuma St.

SEX OF CHILD\* Twin  
Male Triplet } and } Number  
or other? of birth

DATE OF BIRTH\* January 17, 1904  
(Month) (Day) (Year)

FULL NAME FATHER  
Samuel Steele

FULL MAIDEN NAME MOTHER  
Mary Jones Steele

I HEREBY CERTIFY that the child described herein  
has been named

James A. Steele  
(Give name in full) (Surname)

*Samuel Steele*  
(Parent's Signature) **Father**

*Subscribed and Sworn to before me*  
(Signature of Physician or Midwife)

this 23<sup>rd</sup> day of July 1941

\*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.  
4 5/20/41

117-425

*John A. Jones*  
Notary Public for the County of San Diego  
State of California