

1887

date,
RESERVED FOR BINDING.
USE PERMANENT INK

State File No. 78, Gila Co.

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 Gila County Arizona No. _____ St. _____
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other? X	} and {	Number in order of birth
DATE OF BIRTH* <u>May 4, 1912</u> (Month) (Day) (Year)			
FULL NAME FATHER <u>George Jefferson Davis</u>			
FULL MAIDEN NAME MOTHER <u>Lula A. Copeland</u>			

I HEREBY CERTIFY that the child described herein has been named

Paul Mike Davis

(Give name in full) (Surname)

Lula A. Copeland Davis
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

742-504-334

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.