

1922

MARGIN RESERVED FOR BINDING  
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. *104*

Place of Birth *Pima*  
(Registration District)

County *Graham* No. \_\_\_\_\_ St.

SEX OF CHILD\* Twin } and } Number  
Triplet } in order  
or other? } of birth *1st*

DATE OF BIRTH\* *April 14<sup>th</sup> 1912*  
(Month) (Day) (Year)

FULL NAME FATHER  
*Jesse Kerby*

FULL MOTHER NAME  
*Florence Eugene Wilson*

I HEREBY CERTIFY that the child described herein  
has been named

*Jesse Ray Kerby*  
(Give name in full) (Surname)

*Mrs. Jesse Kerby*  
(Parent's Signature)

(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.  
SM 5/20/41

128-414-665