123

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Globe (Registration District) County Gila No. ..... St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth

DATE OF BIRTH* June 22 - 12 (Month) (Day) (Year)

FULL* NAME FATHER Richard Johns

FULL* MAIDEN NAME MOTHER Winnie Allison

I HEREBY CERTIFY that the child described herein has been named

Richard Layle Johns
(Give name in full) (Surname)

Leroy Middleton
(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.

10M 1-45

912-622-615