

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

Local Registrar's No.\*.....

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

Place of Birth GLOBE County GILA No. .... St. ....

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* August 16th 1922  
(Month) (Day) (Year)

JOHN KAVANAUGH CARLOCK  
(Given name in full) (Surname)

FULL\* FATHER  
NAME Frank H. Carlock

*Judith K. Carlock*  
(Father's or Mother's Signature)

FULL\* MOTHER  
NAME Judith Kavanaugh

(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.  
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

132-816-128