

1106

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 Pirtleville County Cochise No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	Single	and	Number in order of birth	2nd.
Male				1913	
DATE OF BIRTH* <u>September 17th, 1942</u>					
		(Month)	(Day)	(Year)	
FATHER					
FULL NAME	<u>Henderson V. Jordan</u>				
MOTHER					
FULL MAIDEN NAME	<u>Josephine Overacker</u>				

I HEREBY CERTIFY that the child described herein has been named

Franklin Varenal Jordan  
(Give name in full) (Surname)

Josephine Jordan  
(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 11-41 A.P.

619-917-169

MARG