

1458

317

MARGIN RESERVED FOR BINDING

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.* _____

Place of Birth Tucson County pima No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
<u>male</u>			
DATE OF BIRTH* <u>Oct. 10</u> , 19 <u>43</u>			
(Month) (Day) (Year)			
FULL* FATHER			
NAME <u>John Bayard Taylor Campbell</u>			
FULL* MOTHER			
MAIDEN NAME <u>Florence Fish</u>			

I HEREBY CERTIFY that the child described herein has
been named

Alexander Nye Campbell
(Give name in full) (Surname)

(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 6-1-38

133-1010-668