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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. *149

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

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* Jan. 13, 1914
(Month) (Day) (Year)

✓ Nolan Junell Crandall
(Give name in full) (Surname)

FULL* FATHER
NAME Ralph Deloss Crandall

Hattie Cleveland Quinn Crandall
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Hattie Cleveland Quinn

(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.

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533-113-885