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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 Arizona County Pima No. 10 Verde St.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Feb. 8th 1924
(Month) (Day) (Year)

James Henry Reardon
(Give name in full) (Surname)

FULL NAME May J. Reardon
FATHER

Max J. Reardon
(Parent's Signature)

FULL MAIDEN NAME Marina @ Choa
MOTHER

(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.

5M 7/11/20

195-208-461