

1179

125

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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 Miami County Gila No. 1023 Adams Ave St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH	<u>March 20 1914</u> (Month) (Day) (Year)		
FULL NAME	FATHER <u>John Henry Copp</u>		
FULL MAIDEN NAME	MOTHER <u>Bessie Philp</u>		

I HEREBY CERTIFY that the child described
herein has been named

John Raymond Copp
(Give name in full) (Surname)
John H Copp Bessie Copp
(Parent's Signature)
Dr. H. D. Brayton
(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-8-42-Bower Co.

137-320-277