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MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original.

3 5M 8-16-35

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. *.....
No..... St.

Place of Birth City of Globe County Gila

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			
DATE OF BIRTH* <u>March</u> <u>24</u> 19 <u>34</u>		(Month)	(Day) (Year)
FULL* NAME	FATHER <u>LUTHER M. JACKSON</u>		
FULL* MAIDEN NAME	MOTHER <u>ANNA HENDERSON</u>		

I HEREBY CERTIFY that the child described herein has
been named

JACKSON. MARION ELEANOR

(Give name in full) (Surname)

Anna Henderson
(Parent's Signature)

John L. Hebebrand
(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.

Form X

415-3211-185