1859

II 193

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 Tempe (Registration District) County Maricopa No. ..... St.

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

DATE OF BIRTH* Apr. (Month) 6 (Day) 1940 (Year)

FULL* NAME FATHER Josiah Williams

FULL* MAIDEN NAME MOTHER Alice Katherine Holmesly

I HEREBY CERTIFY that the child described herein has been named

Joe Means Williams
(Give name in full) (Surname)

Information taken
(Parent's Signature)

from delayed certificate which was destroyed
(Signature of Physician or Midwife)

12-23-40

162-406-188

*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 7/11/40