

1300

145

MARGIN RESERVED FOR BINDING

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 Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			
DATE OF BIRTH*	<u>AUG.</u>	<u>25</u>	19 <u>14</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Harvey Lesley Richardson</u>		
FULL MAIDEN NAME	MOTHER <u>Effie Jackson</u>		

I HEREBY CERTIFY that the child described herein has
been named

Harvey Lee Richardson

(Give name in full) (Surname)

Harvey L. Richardson
(Parent's Signature)

(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.

815 - 825 - 515