State File No. 108, _____ Co.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

County Registrar's No.*.....

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth (Registration District) Miami County Gila No. ..... St.

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

DATE OF BIRTH* January 13, 1915 (Month) (Day) (Year)

FULL* NAME FATHER: William John Ellery

FULL* MAIDEN NAME MOTHER: Estelle Amelia Perrigo

I HEREBY CERTIFY that the child described herein has been named

William Perrigo Ellery
(Give name in full) (Surname)

William John Ellery
(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.

5M 7/11/40

If more than one child, give the number of each, in order of birth, stated.