

1246

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 132

Place of Birth Wife County Milawa No. _____ St. _____

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Feb 20 - 1915</u>	(Month)	(Day)	(Year)
FULL NAME <u>Milton Clarence Swan</u>	FATHER		
FULL MAIDEN NAME <u>Emma Davis</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Eugene Oliver Swan
(Give name in full) (Surname)

Milton C Swan
(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.
10M 11-41 A.P.

USE PENCIL