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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 Register No.*.....

Place of Birth Douglas, Arizona. (Registration district) No. St. John Hotel Ar110G St.

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

DATE OF BIRTH* 4-25 (Month) (Day) 1915 (Year)

FULL* NAME — FATHER: F. P. Elevins

FULL* MAIDEN NAME — MOTHER: Maud Iulla

I HEREBY CERTIFY that the child described herein has been named

James Marion Belvins (Given name in full) (Surname)

(Signature) O B Patton

County Registrar (Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

122-425-451