

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *153*

Place of Birth *Mamie* County *Yuma* No. _____ St. _____
(Registration District)

SEX OF CHILD* <i>Female</i>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <i>May 26 1915</i>	<i>May</i> <small>(Month)</small>	<i>26</i> <small>(Day)</small>	<i>1915</i> <small>(Year)</small>
FULL NAME <i>Mike Rais</i>	FATHER		
FULL MAIDEN NAME <i>Annie Rose</i>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Mae Rais

(Give name in full)

(Surname)

x Annie Rais
 (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.
 M 5/20/41

492-526-112