

699

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.*

123
~~493~~

Place of Birth Miami, Fla
(Registration district)

No. Indian Hill St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Oct 28 1912
(Month) [Day] [Year]

George James Jameson
[Give name in full] [Surname]

FULL* NAME J. W. Jameson
FATHER

[Signature] C. M. Cron

FULL* MAIDEN NAME Annada Boldrick
MOTHER

Physician
(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.

715-1028-122