

1940

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. * 149

Place of Birth Globe County Gila No. 246 Bailey St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>Dec</u> (Month)	<u>13</u> (Day)	<u>1915</u> (Year)
FULL NAME	FATHER <u>Jalmer Melby</u>		
FULL MAIDEN NAME	MOTHER <u>Mary Agnes Ryan</u>		

I HEREBY CERTIFY that the child described herein has been named

Lawrence Earl Melby
(Give name in full) (Surname)

Jalmer Melby
(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.

✓ 348-1213-495