1425

Supplement Attached

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS 144 State Index No. 881a

District of

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No.

Town of Miami

Local Registrar's No.

or

City of (No. St; Ward)

FULL NAME OF CHILD Patsy Downey

Born Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar

Sex of Child Male | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth Sept (Month) 15 (Day) 1916 (Yr.)

FATHER

Full Name Joseph Downey

Residence

MOTHER

Full Maiden Name Eugenia Langley

Residence

Color or Rac

Birthp

Occup

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.* 144

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami County Gila No. St.

(Registration District)

Number

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

ATE OF BIRTH* September 2, 1916 (Month) (Day) (Year)

I here

WILL ame Joseph Patrick Downey FATHER

cian shou

ULL* AIDEN AME Edith Eugenia Langley MOTHER

Give

supple

I HEREBY CERTIFY that the child described herein has been named

Patrick Carol Downey (Give name in full) (Surname)

Edith Eugenia Downey (Parent's Signature)

Joseph Patrick Downey (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 7/11/40

748-902-538

COUNTY REGISTRAR.