

2267

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 Registrar's No. *153

Place of Birth Central County La No. _____ St. _____

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

DATE OF BIRTH* June 2 - 1917
(Month) (Day) (Year)

FULL NAME Charles W Combs FATHER COMBS

FULL MAIDEN NAME Chartha J Combs MOTHER COMBS

I HEREBY CERTIFY that the child described herein
has been named

Ray E Combs
(Give name in full) (Surname)

Charles W Combs
(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.
SM 5/20/41

632-602-432

Must be filed by the attending Physician

186-406