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.* ____

Place of Birth St. Johns (Registration District) County Apache No. ____ St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			4

DATE OF BIRTH* August (Month) 20 (Day) 1918 (Year)

FULL NAME	FATHER Hyrum James Jones
FULL* MAIDEN NAME	MOTHER Mary Eleanor Patterson

I HEREBY CERTIFY that the child described herein has been named

Marguerite (Give name in full) Jones (Surname)

Mary E. Jones (Parent's Signature)

Both Deceased. (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 10-1-43—S.P.Co.

412-820-475