4550

Supplement Attached

PLACE OF BIRTH

County of Gila

District of Globe

Town of
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

Co. Registrar's No. 24

Local Registrar's No.

(No. St. Ward)

FULL NAME OF CHILD Jordan Busby Collins

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month Day Yr.)
Male				Yes	Jan 27 1919

Full Name	FATHER	Full Maiden	MOTHER
[illegible]	[illegible]	[illegible]	[illegible]

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.*

Place of Birth Globe County Gila No. Rooms add. St.
(Registration District)

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

DATE OF BIRTH* Jan (Month) 27. (Day) 1919 (Year)

FULL* NAME FATHER Joe Alvin Collins

FULL* MAIDEN NAME MOTHER Mary Agnes Busby

I HEREBY CERTIFY that the child described herein has been named

Jordan Busby Collins
(Give name in full) (Surname)

Mrs Agnes Vandiver
(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.

5M 7/11/40

132-127-428

Filed [illegible] 1919. [illegible]

COUNTY REGISTRAR. COUNTY REGISTRAR.

132-127-428