

2590

378

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Snowflake County Maricopa No. St.
(Registration District)

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

DATE OF BIRTH* Feb. 8 1919
(Month) (Day) (Year)

FULL NAME Michelle Evelyn Michelson FATHER

FULL MAIDEN NAME Edith McCook MOTHER

I HEREBY CERTIFY that the child described herein has been named

Morris Leo Michelson
(Give name in full) (Surname)

Mrs. Edith Michelson
(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.

OM 11-41 A.P.

445-208-543