846

State File No. 140.

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 140

of Birth Hubbard County Graham No. St.
(Registration District)

OF CHILD* Male	Twin Triplet or other? X	and	Number in order of birth
OF BIRTH* August (Month)	2 (Day)	1919 (Year)	
FATHER John Moore Sanders			
MOTHER Emma Isabell Bryce			

I HEREBY CERTIFY that the child described herein has been named

Vearl Moore Sanders
(Give name in full) (Surname)

John M Sanders
(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.
1-41 A.P.

✓ 522-802-525