

2676

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original

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

Place of Birth

SEX OF CHILD\*  
Female

DATE OF BIRTH

FULL\* NAME  
Samuel

FULL\* MAIDEN NAME  
Eve

\*These items Blank supplied by Local registrar day of following month

ARIZONA STATE BOARD OF HEALTH Vol. 22 # 499  
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar No. \* 199  
flake No. St.

(Registration District)	
and	Number* in order of birth
tober 26	1920
(Day)	(Year)
FATHER Rogers	
MOTHER	

I HEREBY CERTIFY that the child described herein has been named

jacquelynn Rogers  
(give name in full) (Surname)  
(Signature) Emma L Smith

by the local registrar before giving out this form. (Physician or Midwife)  
of birth may be obtained from the local registrar.  
supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth

1-16-21