4033

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 Douglas (Registration District) County Cochise No. 961-20 St.

SEX OF CHILD* male | Twin Triplet or other? 1 | and | Number in order of birth 2

DATE OF BIRTH* December 17, 1924 (Month) (Day) (Year)

FULL* NAME FATHER John Blancie

FULL* MAIDEN NAME MOTHER Lotta Bowman

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Jack (Give name in full) Blancie (Surname)

Mrs Lotta Blancie (Parent's Signature)

Dr. Green (Dead) (Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

Mother, father, now will have a middle name.