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LA
BUREAU OF
ORIGINAL

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC. PHOENIX, ARIZ.

Vol. 2 # 197

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Pima County Graham No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been
named

DATE OF BIRTH* February 4th 1921
(Month) (Day) (Year)

Kenneth Ford Alfred
(Give name in full) (Surname)

FULL* NAME FATHER
Ford Alfred

(Signature) Ford Alfred

FULL* M*ADEN NAME MOTHER
Josie P. Preston

Dr. Morris
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on
tenth day of following month.

6-29-21

214-204-175