4599

THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZ.

ARIZONA STATE BOARD OF HEALTH

Vol. 3 # 446

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 (Registration District) Mesa County Maricopa No. S

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			5

DATE OF BIRTH* March 31st (Month) (Day) 1921 (Year)

FULL* NAME — FATHER: Oscar Ray

FULL* MAIDEN NAME — MOTHER: Nancy M. Ault

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

I HEREBY CERTIFY that the child described herein has bee named

Oscar Ray Jr. (Give name in full) (Surname)

(Signature) [illegible] M.D. (Physician or Midwife)

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 o tenth day of following month.