

2201

Damaged Document(s)

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC. PHOENIX
Vol. 4 # 215

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 15

County Greenlee No.

This return should preferably be filed by the person who made the report.

Place of Birth DU
(Registration District)

SEX OF CHILD* Male
Twice
Tri
or

DATE OF BIRTH* A
(M)

FULL*
NAME Joseph

FULL*
MAIDEN
NAME Clara

*These items to be filed with
Blank supplement
Local registrars
day of following

and	Number* in order of birth
<u>1st</u> (Day)	<u>1921</u> (Year)
OTHER	
OTHER	
OTHER	

I HEREBY CERTIFY that the child described herein is named

Lark J. Wilkins
(Give name in full) (Surname)

(Signature) JH Briley M.D.

to be local registrar before giving out this form. (Physician or Midwife)

Birth may be obtained from the local registrar. County registrars must mail with original certificate reports immediately to county registrar.

11-10-22