4164

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 Register No.*.....

Place of Birth Lakeside Ariz No. ..... St.
(Registration District)

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

DATE OF BIRTH* Dec (Month) 1st (Day) 1931 (Year)

FULL* NAME FATHER Wallace H. Larson

FULL* MAIDEN NAME MOTHER Augusta Great

I HEREBY CERTIFY that the child described herein has been named

Jefferson Joseph Larson
(Give name in full) (Surname)

[Signature].....

(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.

135-1201-133