1600

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

MANUFACTURING STATIONERS INC. PHOENIX, ARIZONA

ARIZONA STATE BOARD OF HEALTH

Vol. 1 # 137

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) Safford County Graham No. St.

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

DATE OF BIRTH* January (Month) 2nd (Day) 192 2 (Year)

FULL* NAME FATHER: Cicero Morris

FULL* MAIDEN NAME MOTHER: Almyra Merrill

*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 Hugh Wendel Morris (Give name in full) (Surname)

(Signature) Dr J Stratton (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 on tenth day of following month.

6-2-22,