

984

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.*

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Glendale, Arizona County Pinal No. _____ St. _____

SEX OF CHILD* Twin or other? } and } Number in order of birth
Female } } }

DATE OF BIRTH* April 24, 1922
(Month) (Day) (Year)

FATHER
FULL NAME Mr. Max McGinnis

MOTHER
FULL MAIDEN NAME Miss Cipriana Rico

I HEREBY CERTIFY that the child described herein has been named

Marion McGinnis
(Give name in full) (Surname)

Max McGinnis
(Parent's Signature)

(Signature of 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.

SM 7/11/40

442 - 424 - 396