

988

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 137

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* April 25 1922
(Month) (Day) (Year)

Lewellyn Graham Trethewey
(Give name in full) (Surname)

FULL NAME FATHER
James W. Trethewey

Mrs James W. Trethewey
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Eloise Ruth Graham

(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.
10M 11-41 A.P.

✓ 338-425-574