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3 5M 8-16-35

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 Registrar's No. *

Place of Birth Pensson County Cochise No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin	and	Number* in order of birth
	Triplet or other?		
DATE OF BIRTH*	<u>May 6</u>	19 <u>27</u>	
	(Month) (Day) (Year)		
FULL NAME	FATHER <u>John O. Edmondson</u>		
FULL NAME	MOTHER <u>Clara M. Smith</u>		

I HEREBY CERTIFY that the child described herein has
been named

Nola May Edmondson
(Give name in full) (Surname)

John O. Edmondson
(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.

Form X

555-506-373