

ARIZONA STATE BOARD OF HEALTH Vol. 7 # 142
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

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

Place of Birth Payson County Gila No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			
DATE OF BIRTH* A		192 <u>2</u>	
<u>July 24th</u>			
(Month) (Day)		(Year)	
FULL NAME	FATHER		
<u>Fred L. Meeks</u>			
FULL MAIDEN NAME	MOTHER		
<u>Pearl parkley</u>			

I HEREBY CERTIFY that the child described herein has been named

John Thomas Meeks
(Give name in full) (Surname)

Mrs F. L. Meeks
(Parent's signature)

Mrs L. M. Hale
(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 following month.

3-12-23