4740

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 9 # 105

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

| SEX OF CHILD* | Twin Triplet or other? | and | Number* in order of birth |
|---|---|---|---|
| Female | | | |

DATE OF BIRTH* September 7th 192 2 (Month) (Day) (Year)

FULL* NAME FATHER Roland Jones

FULL* MAIDEN NAME MOTHER Claudia Scarlett

*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 Doris Lenora Jones (Give name in full)

Doris Lenora Jones (Surname)

Mrs. Roland Jones (Parent's signature)

R D Kennedy (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 following month.

3-5-23.