

Do change name

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol 12 # 119

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *624*

Place of Birth *Marion* County *Yuma* No. _____ St. _____

SEX OF CHILD* <i>Male</i>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <i>Dec 19</i>	<i>1922</i>		
FATHER JLL* AME <i>W. J. Mc Millan</i>			
MOTHER JLL* AME <i>Ethel Mc Gowen</i>			

I HEREBY CERTIFY that the child described herein has been named

William Cregar Mc Millan
(Give name in full) (Surname)

W. J. Mc Millan
(Parent's signature)

Dr. 645-1219-545
(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.

named at birth Albert Jackson Mc Millan
9-7-23 *B. G. Fox*