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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 (Registration District)

Gila

County

Miami

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<i>Female</i>			
DATE OF BIRTH*			
<i>Jan</i>	<i>5</i>	<i>1923</i>	
(Month)	(Day)	(Year)	
FULL NAME FATHER			
<i>William Dave Johnson</i>			
FULL MAIDEN NAME MOTHER			
<i>Nov Oriella</i>			

I HEREBY CERTIFY that the child described herein has been named

Virgil Lovell Johnson
(Give name in full) (Surname)

Mellion Dave Johnson
(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.
5M 5/20/41

515-105-541