

2-1-33

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. \* 110

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami County DeLa No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Feb 9 - 1923</u>	(Month)	(Day)	(Year)
FULL* NAME <u>Samuel Julius Anderson</u>	FATHER		
FULL* MAIDEN NAME <u>Lylvia Palmer</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Joseph Samuel Anderson (Give name in full) (Surname)

Samuel J. Anderson (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.