THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZ.

ARIZONA STATE BOARD OF HEALTH

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 Gila County ..... No. ..... S
(Registration District)

SEX OF CHILD*	~~Twin~~ Triplet or other?	and	Number* in order of birth
Male			

DATE OF BIRTH* May (Month) 30- (Day) 1923 (Year)

FULL* NAME FATHER Charles J. Pollard

FULL* MAIDEN NAME MOTHER

I HEREBY CERTIFY that the child described herein has been named

Melvin William Pollard
(Give name in full) (Surname)

(Signature) .....

C. M. Crow M.D.
(Physician or Mid-wife)

*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 of following month.

474-530-1065