

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth Lehi County Maricopa No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>male</u>			

DATE OF BIRTH* May 15th 1923
(Month) (Day) (Year)

FULL* FATHER
NAME Thomas Wiley Jones

FULL* MOTHER
MAIDEN NAME Elizabeth Schwarz

I HEREBY CERTIFY that the child described herein has been
named

Kenneth Lee Jones
(Give name in full) (Surname)

Elizabeth S. Jones
(Parent's signature)

J. E. Orave Jr.
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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day
of following month.

1-9-24