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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 12 #150

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Payson, County Gila No. _____ St. _____
(Registration District)

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

DATE OF BIRTH* December 22nd 1923
(Month) (Day) (Year)

FATHER
FULL* NAME Roy Lockwood

MOTHER
FULL* MAIDEN NAME Sarah A. McDonald

I HEREBY CERTIFY that the child described herein has been named

Joseph Roy Lockwood
(Give name in full) (Surname)

Sarah + Roy Lockwood
(Parent's signature)

C. H. Kisser
(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.

4-3-24