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PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Claypool County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>Feb. 20</u> , <u>1924</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER		
<u>J. W. Chandler</u>			
FULL MAIDEN NAME	MOTHER		
<u>Millie Palmer</u>			

I HEREBY CERTIFY that the child described herein has been named

Walter Ray Chandler
(Give name in full)

(Surname)

J. W. Chandler
(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.
10M 11-41 A.P.

639-220-429