

1243

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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 Payson 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.</u>	<u>26</u>	<u>1924</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
	<u>Harvey Jackson Jones</u>		
FULL MAIDEN NAME	MOTHER		
	<u>May Booth</u>		

I HEREBY CERTIFY that the child described herein has been named

Charles William Jones
(Give name in full) (Surname)

Mr. & Mrs. H. J. Jones
(Parent's Signature)

Dr. Rissor
(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-8-42-Bower Co.

312-226-428