

21175

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 120

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

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

DATE OF BIRTH: March 4, 1924
(Month) (Day) (Year)

FULL NAME Burton Galen Jackson
FATHER

FULL MAIDEN NAME Hattie Elizabeth Morris
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Granville Allen Jackson
(Give name in full) (Surname)

Mr. Burton G. Jackson
(Parent's Signature)

Dead
(Signature of Physician or Midwife)
Dr. Lyman E. Wightman

*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.

715-304-842