115

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.*

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth (Registration District) Globe County Gila No. 769 Fegan St. St.

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

DATE OF BIRTH* April 5, 1924 (Month) (Day) (Year)

FATHER

FULL* NAME James Thomas Lewis.

MOTHER

FULL* MAIDEN NAME Allie Mae Johnsten

I HEREBY CERTIFY that the child described herein has been named

William Marven Lewis. (Surname)
(Give name in full)

James T. Lewis.
(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.

632-405-115