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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 128

Place of Birth Hotchkiss County Yuma No. _____ St. _____

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

DATE OF BIRTH* April 9, 1924 (Month) (Day) (Year)

FULL* NAME Mr. Carl Shurlo FATHER

FULL* MAIDEN NAME Katie Clark MOTHER

I HEREBY CERTIFY that the child described herein has been named

Johnnie Louis Shurlo (Give name in full) (Surname)

Mr. Kate Shurlo (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.

5M 7/11/40

136-409-232