1061

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS Vol. 5 # 107

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth (Registration District) Claypool County Gila No. St.

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

DATE OF BIRTH* May 3rd (Month) (Day) 1924 (Year)

FULL* NAME — FATHER: Walker Coleman Morgan

FULL* MAIDEN NAME — MOTHER: Minnie Tirzah Magee

I HEREBY CERTIFY that the child described herein has been named

Carmen Ersell Morgan
(Give name in full) (Surname)

Walker Coleman Morgan
Mrs Minnie Tirzah Morgan
(Parent's signature)

L. F. Miller
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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

9-2-24

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