V. S. No. 2

WRITE

N. B.—In case of more than or

This supplemental report ... beneath the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 5 # 147

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth ..iami (Registration District) County Gila P.O. Box 114 St.

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

DATE OF BIRTH* May 19th 1924 (Month) (Day) (Year)

FULL* NAME FATHER Frank Henry Graham

FULL* MAIDEN NAME MOTHER Jessie Florence Merrill

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Frances Graham (Give name in full) (Surname)

Jessie Graham (Parent's signature)

F. F. Miller M.D. 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.

9-30-24

RD
and the number of each in