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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 5 # 191

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 353

Place of Birth Thatcher County Graham No. _____ St. _____

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* May 12th 1924
(Month) (Day) (Year)

Eugene Ragan Howard
(Give name in full) (Surname)

FULL* FATHER
NAME Seaborn D. Howard

Mr. and Mrs. S. D. Howard
(Parent's signature)

FULL* MOTHER
MAIDEN NAME Nina Ragan

Dr. Scott Tolbert
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.

12-12-24