ARIZONA STATE BOARD OF HEALTH Vol. 7-24 # 74

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth Pomerene County Cochise No. ..... St.

(Registration District)

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

DATE OF BIRTH* July 27 192 4
(Month) (Day) (Year)

FATHER
William A. Jones

MOTHER
Anna L. McNeil

I HEREBY CERTIFY that the child described herein has been named

Floyd A. Jones
(Given name in full) (Surname)

Anna L. McNeil Jones
(Father's or Mother's Signature)

J. A. Morrison MD
(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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

Giving child's name 4-1-29

612-727-143