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AUG 11 1924

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 157

Place of Birth Winkelman County Gila No. ARIZONA St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>FEMALE</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* July 23 1924
(Month) (Day) (Year)

Marjorie Jean Miller
(Give name in full) (Surname)

FULL* FATHER
NAME Jon Richard Miller

Mr. C. E. Lane
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Lillian May Harrington

(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.
10M 19-1-42-S.P.Co.

449-723-385

MARGIN RESERVED FOR BINDING
USE PERMANENT INK