[redacted]

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 7 #298

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 1470

Place of Birth Mesa (Registration District) County Maricopa No. St.

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

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

FULL* NAME — FATHER: Oscar Ray

FULL* MAIDEN NAME — MOTHER: Nancy Marena Ault

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Merle Ray
(Give name in full) (Surname)

Oscar Ray
(Parent's signature)

E. O. Greenhaw M.D.
SIGNATURE OF (Physician or Midwife)

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.

11-17-24

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.