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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.*

Place of Birth Miami County Gila No. Miami Ariz.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
DATE OF BIRTH*	<u>Aug.</u>	<u>14</u>	<u>1924</u>		
	(Month)	(Day)	(Year)		
FULL NAME	<u>George Riggs Lang</u>				
	FATHER				
FULL MAIDEN NAME	<u>Lorena Pearl McEwen</u>				
	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

Don Galos Lang (Give name in full) Surname
John J. Riggs (Parent's Signature)
 (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.