

2153

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 137

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>			<u>1</u>
DATE OF BIRTH*	<u>Sept.</u>	<u>14</u>	<u>1924</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
<u>Oris Savage Stratton</u>			
FULL MAIDEN NAME	MOTHER		
<u>Laura Sanders</u>			

I HEREBY CERTIFY that the child described herein has been named

Calvin A. Stratton  
(Give name in full) (Surname)

Oris Stratton  
(Parent's Signature)

Mary Hunt  
(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.

5M 5/20/41

325 - 914 - 322