

477554

DECEASED

DOD: 10/12/1996

SFN: 96-29964

RECEIVED
OCT 14 1994

HIJAHN FO GSAOB ETATB AMOIRAP

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

Place of Birth: Greenlee Maricopa County
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>SEPT</u> (Month)	<u>15</u> (Day)	<u>1924</u> (Year)
FULL NAME	FATHER	<u>Robert Harrison Green</u>	
MAIDEN NAME	MOTHER	<u>Anna May Sanders</u>	

*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-8-42-Bowser Co.

I HEREBY CERTIFY that th
herein has been ne
No. 477554

Ella May Lewis
(Give name in full)
Robert A
(Parent's

575-915