THE MANUFACTURING STATIONERS INC. PHOENIX, ARIZONA

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 152

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

Place of Birth (Registration District) Globe County Gila No. St.

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

DATE OF BIRTH* Feb (Month) 14 (Day) 1925 (Year)

FULL* NAME — FATHER: Lee M. Jones

FULL* MAIDEN NAME — MOTHER: Millie Green

*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

Curtis D. (Give name in full) Jones (Surname)

(Signature) Mrs. Millie Green Jones

G. E. Wightman (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.

This report is to be pasted beneath the original.