

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 SUPPLEMENTARY REPORT OF BIRTH

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BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

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

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

I HEREBY CERTIFY that the child described herein has been named

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

Elton Roland Jones
 (Give name in full) (Surname)

FULL NAME Roland Maurice Jones

Roland Jones
 (Parent's Signature)

FULL MAIDEN NAME Laurie Leroy Jones

Bonnie Guter M.D.
 (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.

W 6/26/41

512-6121-338