E OF BIRTH
Graham
Safford

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

216a

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. ~~270~~ 270
County Registrar No. [illegible]
Local Registrar No. 49

No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ame of child Morris
{ If child is not yet named, make supplemental report, as directed.

Child 1 | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... 5. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth 5 . 12 . 25 (Month Day Year)

FATHER
Frank B Morris
ce
al plac of abode)
esident, give place and state. Ariz
or race
ite
11. Age at last birthday 34 (Years)
ace (city or place) Ariz

14. MOTHER
Full maiden name Fay E. Montierth
15 Residence (Usual place of abode)
If non-resident, give place and state. Safford
16 Color or race White
17. Age at last birthday 35 (Years)

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BUREAU OF VITAL STATISTICS

ould preferably be made (ho made the original)
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* .....

Safford County Graham No. ..... St.
strict)

Twin Triplet or other?	and	Number* in order of birth
June 5 ~~May 12th~~ (Month)	(Day)	192 5 (Year)

FATHER
B. Morris
MOTHER
E. Montierth

I HEREBY CERTIFY that the child described herein has been named
Lamar Melvin Morris
(Give name in full) (Surname)
Fay E. Morris
(Parent's Signature)
J W Morris
(Signature of Physician or ~~Midwife~~)

to be entered by the local registrar before giving out this form.

ental reports of birth may be obtained from the local registrar.
s must mail supplemental reports immediately to county registrar. County registrars must mail with
on tenth day of following month.
342-605-648
Return supplementary report immediately.
9-17-25
of birth