329 527

ARIZONA STATE BOARD OF HEALTH Vol.7,1925 #210

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami County Gila No. 32 Live Oak Hill St
(Registration District)

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

DATE OF BIRTH* July (Month) 29 (Day) 1925 (Year)

FULL* NAME FATHER Doliver Garrett Adkins

FULL* MAIDEN NAME MOTHER Eveline Ruth Brown

I HEREBY CERTIFY that the child described herein has been named

Doliver Garrett Adkins
(Give name in full) (Surname)

Eveline R Adkins
(Parent's signature)

F F Millerand
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

412-729-525

7-25 #210.

...port is to be pasted ...he original.

AUG 11 1925

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