ARIZONA STATE BOARD OF HEALTH Vol. 7, 1925 #211

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

County Registrar's No.*

SEX OF CHILD* Male | Twin ~~Triplet or other?~~ and Number* in order of birth 2nd

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

FULL* NAME FATHER Doliver Garrett Adkins

FULL* MAIDEN NAME MOTHER Eveline Ruth Brown

*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

Arthur Beamer Adkins (Give name in full) (Surname)

Eveline R. Adkins (Parent's signature)

F. F. Millerand (Signature of 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.

112-729-525

10-28-25

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File

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