

DEPARTMENT OF HEALTH  
ARIZONA STATE BOARD OF HEALTH

ARIZONA STATE BOARD OF HEALTH Vol. 9-25 # 122  
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.....Globe.....County.....Gila.....No. ....521...South Street..... St.  
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* September 15th 1925 (Month) (Day) (Year)			
FULL* NAME	FATHER Grant Green		
FULL* MAIDEN NAME	MOTHER Joyne Sharples		

I HEREBY CERTIFY that the child described herein has been named

*Jayne Louise Green*  
(Give name in full) (Surname)

*Grant Green Jr.*  
(Parent's Signature)

*Clarence Gunter*  
(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.

Return supplementary report immediately.

1-6-26

VEL...  
report is  
with the original.

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