

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 305

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

SEX OF CHILD*	Twin <u>2</u> Triplet, or other?	and	Number in order of birth
Male			
DATE OF BIRTH* <u>October 27, 1925</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER <u>Ray Lot Richardson</u>		
FULL* MAIDEN NAME	MOTHER <u>Verna Nelson</u>		

I HEREBY CERTIFY that the child described herein has been named

Edwin James Richardson
 (Give name in full) (Surname)

Verna Nelson Richardson
 (Parent's Signature)

(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.

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595-1027-555

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