

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 207

Place of Birth Miami County Gila No. _____ St. _____

(Registration District)

SEX OF CHILD*	Twin Triplet or other?		and		Number in order of birth
Male		1			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* October 27, 1925
(Month) (Day) (Year)

Erwin Charles Richardson
(Give name in full) (Surname)

FULL* NAME FATHER
Ray Lot Richardson

Verna Nelson Richardson
(Parent's Signature)

FULL* MAIDEN NAME MOTHER
Verna Nelson

(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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595-1007555

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