

V

ARIZONA STATE BOARD OF HEALTH Vol. 5-26 # 125
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. 377 East St. _____
Registration District)

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

DATE OF BIRTH*..... May 6th 1926
(Month) (Day) (Year)

FULL* FATHER
NAME Ike Williams

FULL* MOTHER
MAIDEN NAME Eunice Sage

I HEREBY CERTIFY that the child described herein has been named

James Richard Williams
(Give name in full) (Surname)

[Signature]
(Parent's Signature) In ink

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

9-5-26

Return supplementary report immediately.

This supplemental report to be pasted beneath the original