

MARGIN RESE. FOR BINDING
USE PERMANENT INK

101

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

DATE OF BIRTH* June 6, 1926
(Month) (Day) (Year)

FULL NAME FATHER
Jacob Henry Young

FULL MAIDEN NAME MOTHER
Sarah Francis Farrington

I HEREBY CERTIFY that the child described herein has been named

John Clifford Young
(Give name in full) (Surname)

Sarah Francis Young
(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.
10M-8-42-Bower Co.

187-606-265