

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 SUPPLEMENTARY REPORT OF BIRTH

RECEIVED

(This return should preferably be made by the person who made the original) **ARIZONA STATE DEPARTMENT OF HEALTH**
 DIVISION OF VITAL STATISTICS
 SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *163-

Place of Birth Miami County Gila No. _____ St.

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Sept. 23 1926.</u>	(Month)	(Day)	(Year)
FULL NAME <u>Alexander Thomas</u>	FATHER		
FULL MAIDEN NAME <u>Grace Rosanna Curtis</u>	MOTHER		

Alex. Junior Thomas (Fore name in full)
Thomas (Surname)
Grace R. Thomas (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.
 OM 11-41 A.P.

132-923-732

MARGIN 1 US