

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Registrar's No. *

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami
(Registration District)

County DeLa

No. _____ St. _____

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>December 17 1926</u> (Month) (Day) (Year)			
FULL NAME <u>Franklin Homer Simmons Sr.</u>		FATHER	
FULL MAIDEN NAME <u>Mary Frances Harris</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Bessie Joe Simmons
(Give name in full) (Surname)

Mary J. Simmons
(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.

5M 7/11/40

222-1217-482