ARIZONA STATE BOARD OF HEALTH Vol. 2-28 #75

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth (Registration District) Douglas County Cochise No..... St.

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

DATE OF BIRTH* February (Month) 23 (Day) 1928 (Year)

FULL* NAME FATHER: Jesse Ulysses DeVaney

FULL* MAIDEN NAME MOTHER: Myrtle Elsie Hughes

I HEREBY CERTIFY that the child described herein has been named

Jesse Ulysses DeVaney
(Given name in full) (Surname)

Jesse Ulysses DeVaney
(Father's or Mother's Signature)

[illegible]
(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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

Supplementary report must be returned within 15 days

Corrections

6-20-28