USE PERMANENT INK

106

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* March 4, 1928 (Month) (Day) (Year)

FULL* NAME FATHER John William Joacheme Seeley Murat

FULL* MAIDEN NAME MOTHER Emma Alice Joy

I HEREBY CERTIFY that the child described herein has been named

GENE CREED SEELEY MURAT
(Give name in full) (Surname)

X Clair Mull
(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 10-1-43—S.P.Co.

743-304-518