Original report (to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH — Vol. 4-28 #185A

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) Central County Graham No. ..... St.

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

DATE OF BIRTH* April (Month) 26 (Day) 192 8 (Year)

FULL NAME — FATHER: James Wallace Jenkins

FULL MAIDEN NAME — MOTHER: Elsie Ellen Cluff

I HEREBY CERTIFY that the child described herein has been named

Donal B Jenkins
(Given name in full) (Surname)

Elsie Jenkins
(Father's or Mother's Signature)

W. E. Platt
(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.

8-9-25