ARIZONA STATE BOARD OF HEALTH

Vol. 6-28 #178

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) Miami County Gila No. 152 East Miami Hill

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

DATE OF BIRTH* June 20 1928 (Month) (Day) (Year)

FULL* NAME FATHER A. J. McDermid

FULL* MAIDEN NAME MOTHER Ruby Lesenby

Supplementary report must be returned with (day)

I HEREBY CERTIFY that the child described herein has been named

Archibald Charles McDermid (Given name in full) (Surname)

Mrs. A. J. McDermid (Father's or Mother's Signature)

Cyril M. Cron MD. (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.

9-28-28

144-620-938

RECEIVED
JUL 11 1928
Ans. File