ARIZONA STATE BOARD OF HEALTH Vol. 11-28 #212

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) Payson County Gila No. ..... St.

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

DATE OF BIRTH* November 29 (Month) (Day) 1928 (Year)

FULL* NAME — FATHER: Emmett Horatio McCain

FULL* MAIDEN NAME — MOTHER: Violet Bell

I HEREBY CERTIFY that the child described herein has been named

Emmett McCain
(Given name in full) (Surname)

Violet M. McCain
(Father's or Mother's Signature)

C H Risser M.D.
(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.

Correcting father's name

4-3-29 545-1129-523