

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 1772

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>male</u>			

DATE OF BIRTH: Dec 24 1928
(Month) (Day) (Year)

FULL NAME FATHER Aloysius Charles Jaeger

FULL MAIDEN NAME MOTHER Helma Anna Prahl

I HEREBY CERTIFY that the child described herein has been named

Aloysius Marvin Jaeger
(Give name in full) (Surname)

(Parent's Signature)

Mr. A. C. Jaeger
(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-8-42-Bower Co.

119-1224-373

USE PERMANENT INK