ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 195

Place of Birth Hayden, Ariz. County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* January (Month) 30th (Day) 1929 (Year)

FULL NAME FATHER Adolphus Beecher Deaver

FULL* MAIDEN NAME MOTHER Ella Smith

I HEREBY CERTIFY that the child described herein has been named

John Marcus Deaver
(Give name in full) (Surname)

Ella Deaver.
(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.

5M 5/20/41

149-130-528

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Ans. File