MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 189

Place of Birth Clay pool (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH July 26, 1929 (Month) (Day) (Year)

FULL* NAME FATHER Jess Chaney Klein

FULL* MAIDEN NAME MOTHER Erma Florence Logan

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Jack Ivanhoe Klein (Give name in full) (Surname)

* Erma Florence Klein. (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

® 10M 1-45

125-726-555