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369

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.\*

Place of Birth Glendale County Maricopa No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD <u>Female</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH <u>Nov. 19, 1923</u>	(Month)	(Day)	(Year)
FULL NAME <u>John Malvin Jones</u>	FATHER		
FULL MAIDEN NAME <u>Ora May Lefton</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Leona Leone Jones  
(Give name in full) (Surname)

Ora May Jones  
(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.  
10M 11-41 A.P.

312-1119-625