

*Frank M. ...*

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \_\_\_\_\_

Place of Birth *Phoenix* County *Maricopa* No. *2297* *N. 24th St*  
(Registration District)

SEX OF CHILD *male* Was  
single  
or other? and Number  
in order  
of birth

DATE OF BIRTH *October 11* 19 *33*  
(Month) (Day) (Year)

FATHER  
FULL NAME *Joseph A. Ahren*

MOTHER  
FULL MAIDEN NAME *Sophie C. Karkonen*

I HEREBY CERTIFY that the child described herein has  
been named

*Jerry Martin Ahren*  
(Give name in full) (Surname)

*Sophie C. Ahren*  
(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.

*115-7011-225*

MARGIN RESERVED FOR BINDING