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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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 Tombstone County Cochise No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>			
DATE OF BIRTH*	<u>May</u>	<u>30</u>	<u>1908</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
<u>Michael John Coogan</u>			
FULL MAIDEN NAME	MOTHER		
<u>Lila Campbell</u>			

I HEREBY CERTIFY that the child described herein has been named

Ernest Evan Coogan
(Give name in full) (Surname)

Geneva E. Aptell
(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.
SM 5/25/41 535-522-387



1656

STANDARD CERTIFICATE OF BIRTH

1. Place of Birth
County Cochise State ARIZONA
City or Town Tombstone

2. Full Name of Child
COOGAN

Sex Male Twin? _____ Date of Birth May 30, 1908

FATHER MOTHER
Name MICHAEL J. COOGAN Maiden Name LILA CAMPBELL
Color or Race White Age _____ Color or Race White Age _____
Birthplace Memphis Tenn. Birthplace Little Rock Ark.
Born alive or Stillborn Normal

H.F. Sloan
Doctor or Attendant

Filed _____ Co. Recorder _____ Registrar _____

535-420