ARIZONA STATE BOARD OF HEALTH Vol. 3-27 # 144
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 (Registration District) Miami County Gila No. St.

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

DATE OF BIRTH* March 12th (Month) (Day) 192 7 (Year)

FULL* NAME — FATHER: Edward Loyola Tierney

FULL* MAIDEN NAME — MOTHER: Regia Irene Williams

I HEREBY CERTIFY that the child described herein has been named

Patricia Ann Tierney
(Give name in full) (Surname)

x E. L. Tierney
(Parent's Signature) in ink

x Cyril M. Cron M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

hanging child's name 8-8-27 738-312-962

Supplementary report must be returned within 15 days.

RECEIVED MAY 11 1927 Am. File