ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 3-27 # 159

(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. 1111 Alderman

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

DATE OF BIRTH* March 18th 192 7
(Month) (Day) (Year)

FULL* NAME — FATHER: Chester F. Vangorder

FULL* MAIDEN NAME — MOTHER: Josephine W. Goerrig

I HEREBY CERTIFY that the child described herein has been named

Carlton Edwin Vangorder
(Give name in full) (Surname)

Chester F. Vangorder
(Parent's Signature)

Josephine W. Vangorder

Cyril M. Brown M.D.
(Signature of Physician or Midwife)

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

This supplementary report is to be filed beneath the original.

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.

Correcting child's name 8-23-57 359-318-177

Supplementary report must be returned within 15 days

MARGIN RESERVED

RECEIVED
APR 12 1927
Ans. _____ File _____