

ARIZONA STATE BOARD OF HEALTH Vol. 3-27 # 180 b
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original).

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* March 26th 1927
(Month) (Day) (Year)

Jaunita Mazelle Bybee

(Given name in full)

(Surname)

FULL* FATHER
NAME William Wesley Bybee

William Bybee

(Father's or Mother's Signature)

FULL* MOTHER
MAIDEN NAME Velma Boultinghouse

the Physician is gone

(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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

Correcting child's name

9-12-25

125-326-325

Supplementary report must be returned within 15 days