ARIZONA STATE BOARD OF HEALTH Vol. 5-27 # 125
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.....Hayden.....County.....Gila..... No. ..... St.
(Registration District)

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

DATE OF BIRTH*.....May 1st.....192 7
(Month) (Day) (Year)

FULL* NAME — FATHER: Nathan McGovern

FULL* MAIDEN NAME — MOTHER: Sarah Ory

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Celeste McGovern
(Give name in full) (Surname)

Mrs N. McGovern
(Parent's Signature) in ink

Charles B Huestis MD
(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.

Correcting child's name 8-18-27

Supplementary report must be returned within 15 days