ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 5-27 # 133

(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* May (Month) 3rd (Day) 1927 (Year)

FULL* NAME — FATHER: William Harsha

FULL* MAIDEN NAME — MOTHER: Ruby Opal Clark

I HEREBY CERTIFY that the child described herein has been named

Bonita Wanda Jean Harsha
(Give name in full) (Surname)

x Mrs. William Harsha
(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.

Corrections. 8-25-27

Supplementary report must be returned within 15 days.

281-503-932

RECEIVED
JUN 11 1927
Ans. ____ File ____