ARIZONA STATE BOARD OF HEALTH Vol. 7-27 # 28

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

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

Place of Birth (Registration District) Bisbee County Cochise No.

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

DATE OF BIRTH* July 5th (Month) (Day) 1927 (Year)

FULL* NAME FATHER Heber C. Goodman

FULL* MAIDEN NAME MOTHER Hazel ~~Athin~~ ATKIN

I HEREBY CERTIFY that the child described herein has been named

Alton Heber Goodman (Given name in full) (Surname)

Heber C. Goodman (Father's or Mother's Signature)

R. Ferguson 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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

175-705-815

Supplementary report must be returned within 15 days

Correcting sex and name of child 12-7-27

RECEIVE

AUG 8 1927

Ans. File

7146 6-18-92 (IX) 6-23-52

698