MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH Vol. 7-27 # 193

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.* 184

Place of Birth Globe (Registration District) County Gila No. 605 East Mesquite St.

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

DATE OF BIRTH* July (Month) 23rd (Day) 192.7 (Year)

FULL* NAME — FATHER: Melvin Allen

FULL* MAIDEN NAME — MOTHER: Lola Taylor

I HEREBY CERTIFY that the child described herein has been named

Carrie (Give name in full) Allen (Surname)

Mrs. Melvin Allen (Parent's Signature) in ink

G B Madsen (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.

11-15-27

Supplementary report must be returned within 15 days