

er of each in

215

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Miami  
(Registration District)

County Gila

No.

St.

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

DATE OF BIRTH\* July 31 1927  
(Month) (Day) (Year)

FULL NAME Alva L. Thatcher  
FATHER

FULL MAIDEN NAME Carrie S. Palmer  
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Mary Faye Thatcher  
(Give name in full) (Surname)

Carrie S. Thatcher  
(Parent's Signature)

(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.  
10M-6-42-Bower Co.

x 429-731-389

USE PERMANENT INK