MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

227

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Thtacher County Graham No. ..... St.
(Registration District) Thatcher.

SEX OF CHILD*	Twin Triplet or other	and	Number* in order of birth
Male	Single		I

DATE OF BIRTH* August (Month) 29th. (Day) 1927 (Year)

FULL* NAME — FATHER: Marion Lee.

FULL* MAIDEN NAME — MOTHER: Sarah W. Layton

I HEREBY CERTIFY that the child described herein has been named

David Turner Lee.
(Give name in full) (Surname)

Sarah V Lee
(Parent's Signature)

J. N. Shallow
(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.

Form 1

To correct date of Birth.
435 - 829 - 235

RECEIVED
SEP 12 1927
Ans. ..... File .....