

3 SM 5-1-31

ARIZONA STATE BOARD OF HEALTH
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.*

Place of Birth *Hayden, Arizona*
(Registration District)

County *Gila*

No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<i>female</i>			

I HEREBY CERTIFY that the child described herein has
been named

DATE OF BIRTH* *October 11, 1927*
(Month) (Day) (Year)

Law Ray McBlure
(Give name in full) (Surname)

FULL* NAME	FATHER
<i>Ray McBlure</i>	
FULL* MAIDEN NAME	MOTHER
<i>Luella V. Hefner</i>	

Ray McBlure
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

345-1011-389

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original.

VED

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