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.* 7

Place of Birth (Registration District) Linden County Navajo No. St.

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

DATE OF BIRTH* Sept 29 (Month) (Day) 1930 (Year)

FULL* NAME FATHER Walter Dodd Harris

FULL* MAIDEN NAME MOTHER Sarah Rebecca Crandell

I HEREBY CERTIFY that the child described herein has been named Pairie Nadine Harris (Give name in full) (Surname)

Rebecca C. Harris (Parent's Signature)

Lottie M. Webb (Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form. yes

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.

382-929-233