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.* 164

Place of Birth Payson (Registration District) County Gila No. St.

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

DATE OF BIRTH* June (Month) 11 (Day) 1931 (Year)

FULL NAME FATHER John Thomas Sanders

FULL* MAIDEN NAME MOTHER Catherine Leora Bard

I HEREBY CERTIFY that the child described herein has been named

Gloria Fay Sanders
(Give name in full) (Surname)

Mrs Catherine L Sanders
(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—8-42—Bower Co.

722-611-324

MARGIN