MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Globe (Registration District) County Gila No. 187 New St. St.

SEX OF CHILD* Female	Twin Triplet or other? No	and	Number in order of birth —
DATE OF BIRTH* Aug. (Month) 19 (Day), 1931 (Year)			
FULL NAME	FATHER Joe Kendall		
FULL MAIDEN NAME	MOTHER Laura Pacheco Kendall		

I HEREBY CERTIFY that the child described herein has been named

Betty Jo (Give name in full) Kendall (Surname)

(Parent's Signature)

T. C. Harper M.D. (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.

(7/11/40

223-819-376