MARGIN RESERVED FOR BINDING

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 ~~Mesa~~ Gila County Miami No.....St.
(Registration District)

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

DATE OF BIRTH* Oct. 13, 1931
(Month) (Day) (Year)

FULL* NAME FATHER Julius Ralph Bush

FULL* MAIDEN NAME MOTHER Anne Pace Bush

I HEREBY CERTIFY that the child described herein has been named

Catherine Joyce Bush
(Give name in full) (Surname)

Anne Pace Bush
(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.

8M 6-1-38

328-1013-128