MARGIN RESERVED FOR BINDING

Elvee Ray Saline

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.* 152

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Eden Ariz. County Graham No. ..... St.
(Registration District)

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

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

FULL* NAME FATHER Eligio Saline

FULL* MAIDEN NAME MOTHER Myrtle Lee

I HEREBY CERTIFY that the child described herein has been named

Elvee Ray Saline
(Give name in full) (Surname)

Mrs Myrtle L Saline
(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.

5M 7/11/40

525-1113-435