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.* 85

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

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

DATE OF BIRTH* June 8, 1932 (Month) (Day) (Year)

FULL* NAME FATHER Kinney Arthur Scarborough

FULL* MAIDEN NAME MOTHER Mae Belle Cocreham

I HEREBY CERTIFY that the child described herein has been named

Grace Louise Scarborough
(Give name in full) (Surname)

Mae Belle McGuire
(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 1-45

728-608-434