~~235~~ 127A

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*.....

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

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

DATE OF BIRTH* August (Month) 20 (Day) 1932 (Year)

FULL* NAME — FATHER: Arthur Mullenaux

FULL* MAIDEN NAME — MOTHER: Lexie Irene Palmer

I HEREBY CERTIFY that the child described herein has been named

LADDIE HINTON MULLENAUX
(Give name in full) (Surname)

x Jim Mullenaux
(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 10-1-43—S.P.Co.

347-820-379