State File No. 76, Gila Co.

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 71

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

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

DATE OF BIRTH* Oct. (Month) 3 (Day) 1932 (Year)

FULL NAME FATHER Paul George Foerster

FULL* MAIDEN NAME MOTHER Alcathea Wells

I HEREBY CERTIFY that the child described herein has been named

Lonnie Mae Foerster

(Give name in full) (Surname)

Mrs Paul G Foerster (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 11-41 A.P.

369-1003-162

USE PERMANENT INK

Original states the surname as - Forester

MARGIN RESERVED FOR BINDING