MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

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 Local Registrar's No.*

Place of Birth Miami (Registration District) County Gila No. 427 Kent St.

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

DATE OF BIRTH* April (Month) 16 (Day) 1933 (Year)

FULL* NAME FATHER Lawrence Franco

FULL* MAIDEN NAME MOTHER Evelyn Doerdeer

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Wilma Franco
(Given name in full) (Surname)

Mrs. Lawrence Franco
(Parent's signature)

Spencer D. Grayson
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

6666 – 416 – 549