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.* 124

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

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

DATE OF BIRTH* May 9 1933
(Month) (Day) (Year)

FULL NAME Lathe FATHER Dillard

FULL* MAIDEN NAME Florence Gladys Murall MOTHER

I HEREBY CERTIFY that the child described herein has been named

Fred Roston Dillard
(Give name in full) (Surname)

Lathe Dillard
(Parent's Signature)

Nelson D Bray Jr.
(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—8-42—Bower Co.

644-509-643