MARGIN RESERVED FOR BINDING
USE PERMANENT INK
27014

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This rel[illegible]hould preferably be made by the p[illegible] who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 78

Place o[illegible]rth Miami (Registration District) County Gila No. Country St.

SEX OF CO[illegible]* Mal	Twin Triplet or other?	and	Number in order of birth 3
DATE O[illegible]RTH*	Sept. (Month)	2 (Day)	1933 (Year)
FULL NAME	FATHER Ko Lubich		
FULL* MAIDEN NAME	MOTHER [illegible]orothy Dee Clark		

I HEREBY CERTIFY that the child described herein has been named

John Larry (Give name in full) Lubich (Surname)

Dorothy D. Lubich (Parent's Signature)

Dr. Nelson D. Brayton (Signature of Physician or Midwife)

*These [illegible]ns to be entered by the local registrar before giving out this form.

Blan[illegible]pplemental reports of birth may be obtained from the local registrar.

10M—8-42 [illegible]wer Co.

138-902-432