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.* 156

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

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

DATE OF BIRTH* Aug (Month) 29 (Day) 1934 (Year)

FULL NAME FATHER Clarke E. Farley

FULL* MAIDEN NAME MOTHER Hulda J. Boswell

I HEREBY CERTIFY that the child described herein has been named

Melverda Farley
(Give name in full) (Surname)

Myrtle Beers
(Parent's Signature)

Aunt

(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.

468-829-823