

527

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(should preferably be made on who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Yuma Registrar's No. 139

Birth Miami County Gila No.        St.       

MILD*	Twin	} and {	Number* in order of birth
	Triplet or other?		
BIRTH*	<u>June</u>	<u>8</u>	<u>11</u>
	(Month)	(Day)	192 (Year)
FATHER			
<u>Mer D. McDaniel</u>			
MOTHER			
<u>Therine Hardcastle</u>			

I HEREBY CERTIFY that the child described herein has been named

Mabel Agnes McDaniel  
(Given name in full) (Surname)

James Daniel  
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.  
mental reports of birth may be obtained from the local registrar.  
rs must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN INK.

443-608-289