MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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

County Registrar's No.*.....

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

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

DATE OF BIRTH* September (Month) 18 (Day), 1913 (Year)

FULL* NAME FATHER: Howard Clarence Harper

FULL* MAIDEN NAME MOTHER: Ethel Anna Gage

I HEREBY CERTIFY that the child described herein has been named

Marion Lucile Harper
(Give name in full) (Surname)

Howard C Harper
(Parent's Signature)

.....
(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

Form X

489-918-575