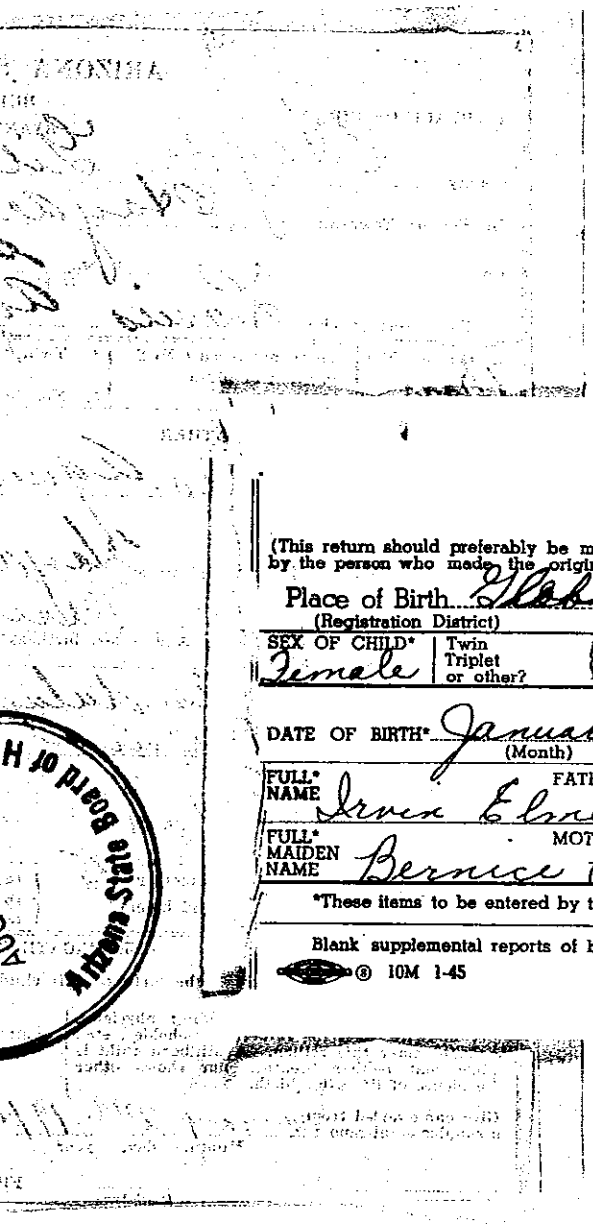
157



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.*.....

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

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

DATE OF BIRTH* January (Month) 2 (Day) 1914 (Year)

FULL* NAME FATHER Irvin Elmer Kung

FULL* MAIDEN NAME MOTHER Bernice Webster

I HEREBY CERTIFY that the child described herein has been named

Pleasant Opal Kung
(Give name in full) (Surname)

Mrs. Bernice Webster Kung
(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.

® 10M 1-45

729-102-26 Both dead now.