

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 County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
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DATE OF BIRTH* May 14 1915
(Month) (Day) (Year)

FATHER
FULL* NAME Charles Nelson Loyd

MOTHER
FULL* MAIDEN NAME Elizabeth Robberson

I HEREBY CERTIFY that the child described herein has been named

Bern Carlton Loyd
(Give name in full) (Surname)

Elizabeth Loyd
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

234-514-595