

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 Register No.\*

Place of Birth Pima Arizona, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration district)

SEX OF CHILD* <u>Female</u>	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>Sept 10</u> 19 <u>55</u>	[Month]	[Day]	[Year]
FULL* NAME <u>James A. Larson</u>	FATHER		
FULL* MAIDEN NAME <u>Rebik Grace McBride</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Claudia Venice Larson  
[Give name in full] [Surname]

[Signature] James A. Larson  
Dr. W. E. Platt  
(Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.  
Blank supplemental reports of births 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.

335-910-945

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