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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Registrar's No.*

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

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

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

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH* October, 25, 1916
(Month) (Day) (Year)

Larry Burgoyne
(Give name in full) (Surname)

FATHER
FULL* NAME Joseph Burgoyne

(Parent's Signature)

MOTHER
FULL* MAIDEN NAME Luz Estrada

Luz Estrada Burgoyne
(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.

5M 7/11/40

325-1025-351

MARGIN RESERVED FOR BINDING