630

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

R. A. WATKINS PRINTING CO., PHOENIX

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

SUPPLEMENTARY REPORT OF BIRTH

Vol. 20 # 449

County Register No.* .....

Place of Birth Chandler (Registration District) No. ..... St.

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

DATE OF BIRTH* August 29 1920 191 (Month) (Day) (Year)

FULL* NAME — FATHER: Eugene Damron

FULL* MAIDEN NAME — MOTHER: Harriet Moody

I HEREBY CERTIFY that the child described herein has been named

Ellen Le Ora Damron (Give name in full) (Surname)

(Signature) Harriet Moody

Dr. Anderson (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.