

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 87

Place of Birth Payson County Silver No. \_\_\_\_\_ St. \_\_\_\_\_  
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH* <u>Feb</u> <u>3</u> <u>1923</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER		
<u>James Christopher Cline</u>			
FULL MAIDEN NAME	MOTHER		
<u>Nellie Pyatt</u>			

I HEREBY CERTIFY that the child described herein has been named

Betty Pearl Cline  
 (Give name in full) (Surname)

James Christopher Cline  
 (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-8-42-Bower Co.

235-203-973