

1004

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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted  
to the original

245  
1018  
99

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Vol. 10 # 155

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

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

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD Female Twin Triplet or other } and { Number\* in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH October 18th 1923  
(Month) (Day) (Year)

Betty Jean Martyn  
(Give name in full) (Surname)

FATHER  
James Martyn

Ruby Martyn  
(Parent's signature)

MOTHER  
Ruby Rosser

Cyril M. Cron  
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.

Correcting surname

3-22-24