1700

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 6 #157

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

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

DATE OF BIRTH* June (Month) 16th (Day) 192 4 (Year)

FULL* NAME FATHER: K. S. Burchett

FULL* MAIDEN NAME MOTHER: Ida Bates

I HEREBY CERTIFY that the child described herein has been named

Ida Jane (Give name in full) Burchett (Surname)

Mrs. K. S. Burchett (Parent's signature)

R. D. Kennedy 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 date 11-12-24