

RECEIVED
 SEP 11 1924
 No. 810

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

Vol. 8 #125

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. _____

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number* in order of birth
--------------------------------	------------------------------	-----	---------------------------------

DATE OF BIRTH* August 10th 1924
 (Month) (Day) (Year)

FULL* FATHER
 NAME Carl O'Bryant

FULL* MOTHER
 MAIDEN NAME Lily Bessie Reagan

I HEREBY CERTIFY that the child described herein has been named

Lillian Bernice O'Bryant
 (Give name in full) (Surname)

Carl O'Bryant
 (Parent's signature)

H. H. Mierand
 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.

12-12-24

This supplemental report is to be pasted beneath the original.