MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

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

DATE OF BIRTH* Dec. (Month) 29 (Day) 1924 (Year)

FULL* NAME — FATHER: Harry Frederick Lacey

FULL* MAIDEN NAME — MOTHER: LaVera Francelia Scott

I HEREBY CERTIFY that the child described herein has been named

Lorena Ruth Lacey
(Give name in full) (Surname)

Mrs. LaVera F. Lacey
(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

Form X

This is for U. S. Pension of ex-soldier.