

ARIZONA STATE BOARD OF HEALTH

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. * 340

Place of Birth Mesa County Maricopa No. _____ St. _____
(Registration District)

SEX OF CHILD* Twin Triplet or other? 1 and } Number in order of birth

DATE OF BIRTH* 1-14-1925
(Month) (Day) (Year)

FATHER FULL NAME Joseph Edwin Goodman

MOTHER FULL MAIDEN NAME Rosa Ellen Naegle

I HEREBY CERTIFY that the child described herein has been named

Margie Sarah Goodman
(Child's name full) (Surname)

Rosa E. Goodman
(Parent's Signature)

Amie M. Goodman (witness)
(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.

RECEIVED
FEB 9 1925

MARGIN RESERVED FOR USE PERMANENT INK

20169