ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

Place of Birth Globe (Registration District) County Gila No. 363 E. Cedar St.

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

DATE OF BIRTH* april (Month) 26 (Day) 1925 (Year)

FATHER

FULL NAME Richard Hampton Laine

MOTHER

FULL* MAIDEN NAME Clara Imogene Owen

I HEREBY CERTIFY that the child described herein has been named

John Riley Sherman Laine
(Give name in full) (Surname)

R.H. Laine.
(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.

10M—8-42—Bower Co.

135-426-365

MARGIN RESERV USE PERM