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 Clay Springs, County Navajo No._____St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			5th

DATE OF BIRTH* April 30 1925
(Month) (Day) (Year)

FULL* NAME — FATHER: George Lorin Crandell

FULL* MAIDEN NAME — MOTHER: Thelka Pearl Turley

I HEREBY CERTIFY that the child described herein has been named

Mavis Crandell
(Given name in full) (Surname)

Thelka Crandell
(Parent's signature)

Eliza S. Rogers
(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.

433-430-338

2/4

MAY 13 1925

Am._____ File_____

Am._____ File_____