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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

Local Registrar's No.*.....

Place of Birth (Registration District) Safford, Arizona County Graham No. ..... St.

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

DATE OF BIRTH* June-16- 1925 (1925) (Month) (Day) (Year)

FULL* NAME FATHER Clarence D. Goodman

FULL* MAIDEN NAME MOTHER Dorothy Emily Berryhill.

I HEREBY CERTIFY that the child described herein has been named

Barry D. Goodman, (Given name in full) (Surname)

Clarence Goodman Father (Father's or Mother's Signature)

J. W. Morris (Deceased) (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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

275-616-423