

**ARIZONA STATE BOARD OF HEALTH Vol. 9-25 # 112**  
**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..... **Roosevelt** ..... County..... **Gila** ..... No. .... St.  
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<b>Female</b>			
DATE OF BIRTH*..... <b>September 12th</b> ..... 192 <b>5</b>			
(Month)		(Day)	(Year)
FULL* NAME	FATHER		
<b>Ray Tucker</b>			
FULL* MAIDEN NAME	MOTHER		
<b>Georgia Conway</b>			

I HEREBY CERTIFY that the child described herein has been named

*Betty Alice Tucker* .....  
 (Give name in full) (Surname)

*Georgia Tucker* .....  
 (Parent's Signature)

*Roy Tucker M.D.* .....  
 (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.