

ARIZONA STATE BOARD OF HEALTH Vol. 11-25 # 139
 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 Claypool County Gila No. R. R. Ave. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			
DATE OF BIRTH* <u>November 4th</u> 192 <u>5</u>			
(Month) (Day) (Year)			
FATHER			
FULL* NAME	Kerim Isufe		
MOTHER			
FULL* MAIDEN NAME	Lillian May Wright		

I HEREBY CERTIFY that the child described herein has been named

~~Baryank~~ **Isufe**
 (Give name in full) (Surname)

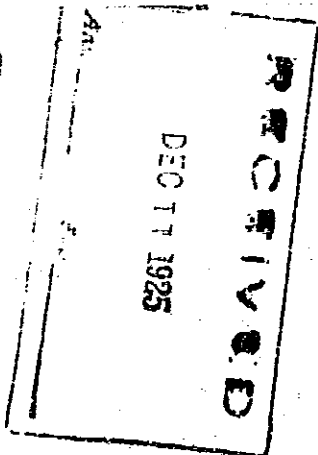
Kerim Isufe Mrs. Isufe
 (Parent's Signature)

J. J. [unclear]
 (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.

Correcting name of child



Supplemental report is to be placed beneath the original

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