# ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 12-25 # 196

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

**SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No.*.....

Place of Birth (Registration) Solomonville County Graham No. ..... St.

SEX OF CHILD ... and Number* in order of birth

DATE OF BIRTH December 1st 1925 (Day) (Year)

FULL NAME FATHER Tilford Larson

FULL MAIDEN NAME MOTHER Mary Price

I HEREBY CERTIFY that the child described herein has been named

Marvin Ernest Larson (Give name in full) (Surname)

x Tilford Larson (Parent's Signature) in ink

x J. N. Slater (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.

Corrections. 11-3-27 435-1201-475

Supplementary report must be returned within 15 days