2-26-462

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 ...Taylor..... County ...Navajo... No. ..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Fems			1st

DATE OF BIRTH* ...February 27..... 1926.
(Month) (Day) (Year)

FULL* NAME — FATHER: Cly Wm Oliver

FULL* MAIDEN NAME — MOTHER: Grace June Wakefield

I HEREBY CERTIFY that the child described herein has been named

Bonnie Jeane Oliver
(Give name in full) (Surname)

Grace W. Oliver
(Parent's Signature)

J. N. Haywood
(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.

7-6-27

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.