MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH

Vol. 3-26 # 526

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.... Clay Springs ..... County.. Navajo ..... No. ..... St.
(Registration District)

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

DATE OF BIRTH*..... March 24th 192 6
(Month) (Day) (Year)

FULL* NAME — FATHER: Chas. Rand Bryant

FULL* MAIDEN NAME — MOTHER: Isabel Lewis

I HEREBY CERTIFY that the child described herein has been named

Lee Howell Bryant
(Give name in full) (Surname)

Chas R. Bryant
(Parent's Signature)

In ink

J. N. Hagewood
(Signature of Physician or ~~attendant~~)

*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.

7-29-25

Return supplementary report immediately.