MARGIN—RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH Vol. 5-26 # 192

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...Thatcher.....County...Graham..... No. ..... St.
(Registration District)

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

DATE OF BIRTH*.....May 8th.....192 6
(Month) (Day) (Year)

FULL* NAME	FATHER Seaborn Davis Howard
FULL* MAIDEN NAME	MOTHER Nina Ragan

I HEREBY CERTIFY that the child described herein has been named

Glen Allen Howard
(Give name in full) (Surname)

Mr + Mrs S. D. Howard
(Parent's Signature) In ink

D Scott Scheuck
(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.

9-4-26

Return supplementary report immediately.