

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

571

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth **Tucson**

County **Pima**

No.

St.

(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	and	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* **July 30- 1926**
(Month) (Day) (Year)

Joyce Ray
(Give name in full)

(Surname)

FATHER
FULL* NAME **Randolph Lee Ray**

Joyce Ray
(Parent's Signature)

MOTHER
FULL* MAIDEN NAME **Ona Davis**

(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.

198-730-642

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

RECEIVED