MARGIN RESERVED FOR BINDING

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

127

County Registrar's No.*

Place of Birth Hayden (Registration District) County Gila No. St.

SEX OF CHILD*	Twin / Triplet or other*	and	Number in order of birth
Female			

DATE OF BIRTH* Jan. 15, 1928 (Month) (Day) (Year)

FULL NAME — FATHER: Harvey H. Follett

FULL* MAIDEN NAME — MOTHER: Mae Cuff

*These items to be filled by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Natala Jean Follett (Give name in full)

Mae Follett (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

563-115-436

Ans