MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This retu... ly be made by the pe... e original)

County Registrar's No.* 124

Place o... yson County Gila (Ariz No. ..... St.

...tration District)

SEX OF C... | and | Number in order of birth

DATE OF ... rch. (Month) 10. (Day) 1928 (Year)

FULL NAME ... FATHER ... McDaniel

FULL* MAIDEN NAME ... MOTHER Loleta Swearingen

I HEREBY CERTIFY that the child described herein has been named

Letha Irine McDaniel
(Give name in full) (Surname)

x Loleta McDaniel
(Parent's Signature)

Midwife Linnie Menges
(Signature of Physician or Midwife)

*The... ...red by the local registrar before giving out this form.

Blan... ...ports of birth may be obtained from the local registrar.

10M—8-4...

343-310-329