MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

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 (Registration District) Inspiration County Gila No. House #13 St.

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

DATE OF BIRTH* March (Month) 28 (Day), 1928 (Year)

FULL* NAME FATHER Ralph Kester Moyer

FULL* MAIDEN NAME MOTHER Helen Louise Grob.

I HEREBY CERTIFY that the child described herein has been named

Barbara Jean Moyer
(Give name in full) (Surname)

R K Moyer
(Parent's Signature)

(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.

5M 6-1-38

249-328-872