MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Central (Registration District) County Graham No. ..... St.

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

DATE OF BIRTH* April (Month) 19 (Day) 1928 (Year)

FULL NAME FATHER Merlin Miles Layton

FULL* MAIDEN NAME MOTHER Zella Schuff

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

I HEREBY CERTIFY that the child described herein has been named

Loren Maurice Layton
(Give name in full) (Surname)

Merlin Miles Layton
(Parent's Signature)

.....
(Signature of Physician or Midwife)

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

10M—8-42—Bower Co.

326 - 419 - 936