ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Payson (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* May (Month) 30th (Day) 1928 (Year)

FULL NAME FATHER Dave Bryan Martin

FULL* MAIDEN NAME MOTHER Ida Bell Haught

I HEREBY CERTIFY that the child described herein has been named

Archie Bell Martin
(Give name in full) (Surname)

Dave Bryan Martin
(Parent's Signature)

Sarah Franklin
(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.

0M 11-41 A.P.

145-530-983

RECEIVED
JUL 10 1928
Ans. ..... F.C. .....