ARIZONA STATE BOARD OF HEALTH Vol. 6-28 #130

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

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

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

DATE OF BIRTH* June (Month) 2 (Day) 192 8 (Year)

FULL* NAME — FATHER: William David Skeen

FULL* MAIDEN NAME — MOTHER: Lura Agatha Holden

Supplementary report must be returned within 5 days

I HEREBY CERTIFY that the child described herein has been named

Sharon Clive Skeen
(Given name in full) (Surname)

Lura Agatha Holden
(Father's or Mother's Signature)

Cyril M. Baron M.D.
(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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

Correcting sex of child 10-5-25 225-602-385

RECEIVED
JUL 11 1928
Ans. File