ARIZONA STATE BOARD OF HEALTH

Vol. 6-28 #154

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) 12 (Day) 192 8 (Year)

FULL* NAME FATHER: Robert Stanley Langford

FULL* MAIDEN NAME MOTHER: Ketunah Madsen

Supplementary report must be returned within 15 days

I HEREBY CERTIFY that the child described herein has been named

Joyce Langford

(Given name in full) (Surname)

Robert S. Langford.

(Father's or Mother's Signature)

Cyril M. Loren 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.

Supply mother's maiden name

10/1/28 134-612-2415