# ARIZONA STATE BOARD OF HEALTH

Vol. 6-28 #164

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) Globe County Gila No. ..... St.

| SEX OF CHILD * | Twin Triplet or other? | and | Number * in order of birth |
|---|---|---|---|
| Male | | | 8 |

DATE OF BIRTH* June 15 (Month) (Day) 192 (Year)

FULL* NAME — FATHER: Farris Lee McCallister

FULL* MAIDEN NAME — MOTHER: Nellie Pauline Lindley

Supplementary report must be returned

I HEREBY CERTIFY that the child described herein has been named

Farris Leroy McCallister
(Given name in full) (Surname)

Nellie Pauline Lindley
(Father's or Mother's Signature)

T. C. Harper
(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.

Corrections 10-13-28 649-615-538