ARIZONA STATE BOARD OF HEALTH Vol. 6-28 # 167

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
Female			

DATE OF BIRTH* June 17th 1928 (Month) (Day) (Year)

FULL* NAME — FATHER: Lloyd Ryviers

FULL* MAIDEN NAME — MOTHER: EdDith Myers

I HEREBY CERTIFY that the child described herein has been named

June Charline Ryviers

(Given name in full) (Surname)

Supplementary report must be returned within 15 days

Mrs. Lloyd Ryviers

(Father's or Mother's Signature)

Clarence Gunter

(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. 9-8-28 192-617-542