MARGIN RESERVED FO

This supplemental report is to be pasted beneath the orig

ARIZONA STATE BOARD OF HEALTH Vol. 6-28 #188

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) Payson County Gila No. St.

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

DATE OF BIRTH* June (Month) 25 (Day) 1928 (Year)

FULL* NAME — FATHER: Otis Barkley

FULL* MAIDEN NAME — MOTHER: Myrtle Hale

I HEREBY CERTIFY that the child described herein has been named

Myrtle Ellen Barkley
(Given name in full) (Surname)

Myrtle Barkley
(Father's or Mother's Signature)

C A Risser MD
(Signature of Physician or Midwife)

Supplementary report must be returned within 15

*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.

correction 10-13-28