ARIZONA STATE BOARD OF HEALTH

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.*.....

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

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

ATE OF BIRTH* August 6 1928 (Month) (Day) (Year)

FULL* NAME	FATHER Clyde C Carter
FULL* MAIDEN NAME	MOTHER Lexie Larson

I HEREBY CERTIFY that the child described herein has been named

Doris Alberta Carter
(Given name in full) (Surname)

Clyde C Carter
(Father's or Mother's Signature)

Charles E. Dorn M.D.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form. 439-806-335

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.

Only the middle name of child changed