502 2

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

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

County Registrar's No.*.....

Place of Birth (Registration District) Linden County Navajo No. ..... St.

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

DATE OF BIRTH* Aug (Month) 19 (Day) 1925 (Year)

FULL* NAME FATHER William Clark Gardner

FULL* MAIDEN NAME MOTHER Martha Alice Willis

I HEREBY CERTIFY that the child described herein has been named

Geraldine Gardner
(Give name in full) (Surname)

Mrs Alice Gardner
(Parent's Signature)

Etta C Rogers (nearest neighbor
(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 county registrar. County registrars must mail with original certificate on tenth day of following month.