ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1

Place of Birth St. Johns County Apache, No. ..... St.
(Registration District)

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

DATE OF BIRTH* Sept. 1 1928
(Month) (Day) (Year)

FULL NAME* FATHER: Lyn Sullivan Whiting

FULL MAIDEN NAME* MOTHER: Lola Gladys Waite

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

I HEREBY CERTIFY that the child described herein has been named

Marion Wayne Whiting
(Give name in full) (Surname)

x Pearl W. Isaacson
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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467-901-365