ARIZONA STATE BOARD OF HEALTH Vol. 9-28 # 166

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* September (Month) 23rd (Day) 1928 (Year)

FULL* NAME FATHER Richard Taylor

FULL* MAIDEN NAME MOTHER Valda May Beard

I HEREBY CERTIFY that the child described herein has been named

Luella Fern Taylor
(Given name in full) (Surname)

Mrs. Valda May Taylor
(Father's or Mother's Signature)

Dr. C. H. Risser
(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.

1-10-29 339-923-524

RECEIVED
OCT 13 1928
Ans. File

5562 3-24-94 (2) 9