MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

Place of Birth Central (Registration District) County Graham No. ..... St.

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

DATE OF BIRTH* Sept 17 1928 (Month) (Day) (Year)

FATHER

FULL NAME Glen Moody

MOTHER

FULL* MAIDEN NAME Verma Layton

I HEREBY CERTIFY that the child described herein has been named

Glenna Grace Moody
(Give name in full) (Surname)

Verma L. Moody
(Parent's Signature)

.....
(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.

10M—8-42—Bower Co.

748-917-535