ARIZONA STATE BOARD OF HEALTH Vol. 10-28 # 224

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

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

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

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

DATE OF BIRTH* October 28 1928
(Month) (Day) (Year)

FATHER

FULL* NAME Albert Carter

MOTHER

FULL* MAIDEN NAME Edith E. Norton

I HEREBY CERTIFY that the child described herein has been named

Betty-Jo (Given name in full) Carter (Surname)

Within 15 days

Albert Carter (Father's or Mother's Signature)

J. P. Morris (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.

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

2-27-29

RECEIVED
DEC 10 1928
Ans. ..... File