MA N RESERVED FOR BINDING

This s plemental report is to be pasted beneath the original.

(This return should by the person who

Place of Birth
(Registration Distri

SEX OF CHILD *
Female

DATE OF BIRTH

FULL* NAME Jan

FULL* MAIDEN NAME Icy

*These items

Blank supple
Local registr

Ch

REC

DEC 12

Ans. File

TATE BOARD OF HEALTH Vol. 11-28 #147

EAU OF VITAL STATISTICS

MENTARY REPORT OF BIRTH Local Registrar's No.*

County Gila No. St.

mber * order birth

192 8 (Year)

I HEREBY CERTIFY that the child described herein has been named

Vivian Lenora Tipton
(Given name in full) (Surname)

Supplementary report must be returned within 15 days

(Father's or Mother's Signature)

(Signature of Physician or Midwife)

ore giving out this form.

from the local registrar.
ediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.