ARIZONA STATE BOARD OF HEALTH Vol. 12-28 #202

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) Thatcher County Graham No. ..... St.

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

DATE OF BIRTH* December 5 (Month) (Day) 192 8 (Year)

FULL* NAME FATHER: Roy Henry O. Chlarson

FULL* MAIDEN NAME MOTHER: Jessie L. Altman

I HEREBY CERTIFY that the child described herein has been named

Betty Lou Chlarson
(Given name in full) (Surname)

Mrs Roy Chlarson
(Father's or Mother's Signature)

N. E. Platt M.D.
(Signature of Physician or Midwife)

Supplementary report must be filed within 15 days

*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.

3-25-29.