

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Vol. 1-29 # 179

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

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Miami County Gila No. .... St. ....  
(Registration District)

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

DATE OF BIRTH*	<u>January 25th</u>	<u>1929</u>
	(Month) (Day)	(Year)

FULL* NAME	FATHER <u>Alvin Francis Goodman</u>
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FULL* MAIDEN NAME	MOTHER <u>Angie Mauda Williams</u>
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I HEREBY CERTIFY that the child described herein has been named

Don Alvin Goodman

(Given name in full) (Surname)

Mrs. A. F. Goodman

(Father's or Mother's Signature)

Cyril M. Aaron M.D.

(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.

4-26-29