

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

116

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

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
DATE OF BIRTH*	<u>April</u>	<u>23</u>	<u>1929</u>		
	(Month)	(Day)	(Year)		
FULL NAME	FATHER <u>Preface James Strickland</u>				
FULL* MAIDEN NAME	MOTHER <u>Carrie L. Della Russell</u>				

I HEREBY CERTIFY that the child described
herein has been named

Barbara Jean Strickland
(Give name in full) (Surname)

Carrie P. Strickland
(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.

224-402-323