ARIZONA STATE BOARD OF HEALTH

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) Pine County Gila No. S

SEX OF CHILD* Male | Twin Triplet or other? | and | Number* in order of birth 3

DATE OF BIRTH* April (Month) 24 (Day) 1929 (Year)

FULL* NAME FATHER Howard Penny

FULL* MAIDEN NAME MOTHER Clara Elizabeth Dickson

I HEREBY CERTIFY that the child described herein has been named

Billy Ray Penny
(Given name in full) (Surname)

Howard Penny
(Father's ~~or Mother'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.
Local registrars must mail supplemental reports immediately to state registrar. **PLEASE WRITE PLAIN AND IN INK**

278-424-345

Retain as original.