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.* 194

Place of Birth Ella (Registration District) County Clay Pool No. St.

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

DATE OF BIRTH* July 28, 1929 (Month) (Day) (Year)

FULL* NAME FATHER: Russell Jones Arrendale

FULL,* MAIDEN NAME MOTHER: Sadie Eulala Barrett

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Robert Manson Arrendale
(Give name in full) (Surname)

Sadie E Arrendale
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43—S.P.Co.

915-728-223