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.*.....

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

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

DATE OF BIRTH* Aug (Month) 1 (Day) 1929 (Year)

FULL* NAME FATHER Ben Randall (dead)

FULL* MAIDEN NAME MOTHER Ivy Martin

I HEREBY CERTIFY that the child described herein has been named

Bert Melton Randall
(Give name in full) (Surname)

Ivy Martin
(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 1-45

293-801-945

MARGIN RESERVED FOR BINDING