61571 - 100

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

(This return ould preferably be made by the pers who made the original)

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe County Gila No. Central Heights St.
(Regis on District)

SEX OF C Male

Twin Triplet or other? 1 only and Number in order of birth

DATE OF H* August 8 1929
(Month) (Day) (Year)

FULL* NAME FATHER
'arren A. Locklar

FULL* MAIDEN NAME MOTHER
ealthy Armanda Rhodes

*Thes : to be entered by the local registrar before giving out this form.

Blank emental reports of birth may be obtained from the local registrar.
1-45

I HEREBY CERTIFY that the child described herein has been named

James Richard Locklar
(Give name in full) (Surname)

(Both parents deceased. I am the sister of his Mother, + his guardian) (mrs.) Stella Rhodes Richardson
(~~Parent's~~ Signature) Aunt

(Signature of Physician or Midwife)

139-808-692