

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.\*

Place of Birth Hayden County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>Female</u>			
DATE OF BIRTH*	<u>October 12, 1929</u>	(Month)	(Day) (Year)
FULL NAME	FATHER		
<u>James A. Magnusson</u>			
FULL MAIDEN NAME	MOTHER		
<u>Lola Mathenia Willis</u>			

I HEREBY CERTIFY that the child described  
herein has been named

Ada Mae Magnusson  
(Give name in full) (Surname)

Lola Mathenia Magnusson  
(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-er Co.

145-1012-362

131