MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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

County Registrar's No.*.....

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

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

DATE OF BIRTH* November (Month) 16th (Day) 1929 (Year)

FULL* NAME FATHER John Ernest Blair

FULL* MAIDEN NAME MOTHER Wilma Shirley Roberts

I HEREBY CERTIFY that the child described herein has been named

Peggy Marie Blair
(Given name in full) (Surname)

Mrs Wilma Blair
(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

Form X

729-1116-692