

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a separate report must be made for each, and the number of each, in order of birth, stated on this supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

460  
5-20-28-~~11~~

(This return should preferably be made by the person who made the original).

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.\*

Place of Birth Heber County Navajo No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD *	Twin Triplet or other?	and	Number * in order of birth
<u>male</u>			<u>5</u>
DATE OF BIRTH	<u>May</u>	<u>20</u>	<u>1928</u>
	(Month)	(Day)	(Year)
FULL* NAME	FATHER <u>Thomas Heber Shelley</u>		
FULL* MAIDEN NAME	MOTHER <u>Eva Tamm</u>		

I HEREBY CERTIFY that the child described herein has been named

Leland Hunter Shelley  
(Given name in full) (Surname)

Eva Tamm Shelley  
(Father's or Mother'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.  
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

328-520-539