

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. * 177

Place of Birth *miami, Ariz* County *Gila* No. _____ St. _____

SEX OF CHILD* <i>Boy</i>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <i>Jan 19 1927</i>			
FULL* NAME <i>Clyde Monroe Brenge</i>		FATHER	
FULL* MAIDEN NAME <i>Lillie Tracy</i>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

William John Brenge
(Give name in full) (Surname)

Lillie Tracy Brenge
(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 10-1-43-S.P.Co.

625-119-338

USE PERMANENT INK