

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.\*

10815

Place of Birth  
(Registration District)

Gila

County

Arizona

No.

not known

St.

|               |                              |     |                                |
|---------------|------------------------------|-----|--------------------------------|
| SEX OF CHILD* | Twin<br>Triplet<br>or other? | and | Number<br>in order<br>of birth |
|---------------|------------------------------|-----|--------------------------------|

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* February 1 1927  
(Month) (Day) (Year)

William George  
(Give name in full)

Humpres  
(Surname)

FULL NAME FATHER  
George Humpres

*George Humpres*  
(Parent's Signature)

FULL MAIDEN NAME MOTHER  
Agnes Mary Romero Humpres

(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 10-1-48-S.P.Co.

682-201-196