

ARIZONA STATE BOARD OF HEALTH Vol. 2-27 # 170
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 Globe County Gila No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* February 24th 1927
(Month) (Day) (Year)

Herschel Earl Holman
(Give name in full) (Surname)

FULL* NAME FATHER
Herschel Earl Holman

Mrs. A. Carl Holman
(Parent's signature) In ink

FULL* MAIDEN NAME MOTHER
Leah Baldwin

Clarence Genter
(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 county registrar. County registrars must mail with original certificate on tenth day of following month. Return supplementary report immediately.

Correcting child's name

6-22-27 495-224-322

RECEIVED
MAR 14 1927
Att. _____ File _____