ARIZONA STATE BOARD OF HEALTH Vol. 5-27 # 10

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 (Registration District) Saint Johns County Apache No. ..... St.

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

DATE OF BIRTH* May 15th 1927 (Month) (Day) (Year)

FULL* NAME — FATHER: William S. Hamblin

FULL* MAIDEN NAME — MOTHER: Agnes Brown

I HEREBY CERTIFY that the child described herein has been named

Wayne Stanton Hamblin (Give name in full) (Surname)

Agnes B Hamblin (Parent's Signature)

[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 county registrar. County registrars must mail with original certificate on tenth day of following month.

9-1-27

685-515-125

Supplementary report must be returned within 15 days

RECEIVED JUN 18 1927

Ans. ..... File .....

3-14-78 (1BC) 5576

8-3-83 7445

(1BC) 8-8-73