ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol.6-27 #137

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth (Registration District) Globe County Gila No. ..... St.

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

DATE OF BIRTH* June (Month) 5th (Day) 1927 (Year)

FULL* NAME — FATHER: Howard Monroe Stewart

FULL* MAIDEN NAME — MOTHER: Lucie Ann Daboll

I HEREBY CERTIFY that the child described herein has been named

Helen Marie (Given name in full) Stewart (Surname)

H.M. Stewart (Father's or Mother's Signature)

T.C. Harper (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.

Correction 10-14-27 823-605-343

JUL 18 1927

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