ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 6-27 #145

(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) Winkelman County Gila No. St.

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

DATE OF BIRTH* June (Month) 11th (Day) 1927 (Year)

FULL* NAME FATHER William Jennings Acton

FULL* MAIDEN NAME MOTHER Mabel Sarah Carney

I HEREBY CERTIFY that the child described herein has been named

Billiemae (Given name in full) Acton (Surname)

Mrs. W. J. Acton (Father's or Mother's Signature)

Fitz R. Winslow M.D. (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.

Changing name of child

10-14-27 215-611-435

RECEIVED
SEP 12 1927
Ans. File

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8620 6-22-89 (IX) KO 6-28-89