140

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

d preferably be made
made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 66

Hayden County Gila No. St.

rict)

| Twin Triplet or other? | and | Number in order of birth |
|---|---|---|
| | | |

H* Sept (Month) 12 (Day) 1927 (Year)

FATHER
Marvin Aubrey Williams

MOTHER
Ada Clevinger

I HEREBY CERTIFY that the child described herein has been named

GLADYS LORAYNE WILLIAMS
(Given name in full) (Surname)

Ada C. Williams Leonard
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.

emental reports of birth may be obtained from the local registrar.
ars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

762-912-139