

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 148

Place of Birth MIAMI County GILA No. R.I. BOX 685 St.

SEX OF CHILD*	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth
<u>M</u>			<u>7</u>

I HEREBY CERTIFY that the child described herein has been named.

DATE OF BIRTH* Sept. 17 1927
(Month) (Day) (Year)

Dale Armond Sims
(Give name in full) (Surname)

FULL* FATHER
NAME ALBERT JOHN SIMS

Ella La Vera Sims
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME ELLA LAVER HOLLADAY

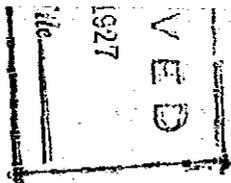
(Signature of Physician or Midwife)

*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.

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422-917-588



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