ARIZONA STATE BOARD OF HEALTH

Vol. 9-27 # 183

BUREAU OF VITAL STATISTICS

(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) Thatcher County Graham No. St.

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

DATE OF BIRTH* September (Month) 6th (Day) 192 7 (Year)

FULL* NAME FATHER: Enos A. Howard

FULL* MAIDEN NAME MOTHER: Amy Bryce

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

I HEREBY CERTIFY that the child described herein has been named

Zenon J. Howard
(Given name in full) (Surname)

Enos A. Howard
(Father's or Mother's Signature)

R. L. Wyden M.D.
(Signature of Physician or Midwife)

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.

Supplementary report must be returned within 15 days.

1-20-28

984-906-125

RECEIVED
OCT 10 1927
Ans. File