44

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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. 180

Place of Birth Thatcher, Arizona County Graham No. Thatcher Blvd. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
male			1

DATE OF BIRTH* November (Month) 7 (Day) 1927 (Year)

FULL NAME* FATHER William Arle Wallace

FULL MAIDEN NAME* MOTHER Sarah Vinetta James

I HEREBY CERTIFY that the child described herein has been named

William Keith Wallace
(Give name in full) (Surname)

William Arle Wallace
(Parent's Signature)

Wm J. W. Morris (deceased)
(Signature of Physician or Midwife)

*Those 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.

10M 1-45

642-1107-212

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Ans. File