1062

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

Place of Birth Globe, Ariz. County Gila No. 340 North St.
(Registration District)

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

DATE OF BIRTH* Dec. (Month) 7 (Day), 1928 (Year)

FULL* NAME FATHER Harris Karl Helfenstine

FULL* MAIDEN NAME MOTHER Mabel Stanfill

I HEREBY CERTIFY that the child described herein has been named

James William Helfenstine
(Give name in full) (Surname)

Mrs. F. K. Helfenstine
(Parent's Signature)

Dr. J. C. Harper
(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.

SM 6-1-38

185-1207-423

MARGIN RESERVED FOR BINDING