State File No. 236-A

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*.....

Place of Birth Safford (Registration District) County of Graham No. Rural St.

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

DATE OF BIRTH* June ~~xxxx~~ (Month) 19 (Day) 1930 (Year)

FULL NAME — FATHER: Enos Alma Howard

FULL* MAIDEN NAME — MOTHER: Amy Dorthea Bryce

I HEREBY CERTIFY that the child described herein has been named

Alma Verdel Howard
(Give name in full) (Surname)

Enos A Howard
(Parent's Signature)

Delia Howard
(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.

10M 11-41 A.P.

184-619-125

Record states wrong sex of child. Misspells father's name.

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

Alma Verdel Howard

Arizona State Board of Health
JUL 10 1930