ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth (Registration District) Winkelman County Pima Local Registrar's No.* ..... No. ..... St.

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

DATE OF BIRTH* December (Month) 13 (Day) 1930 (Year)

FULL* NAME FATHER Graddy Lewis Herring Jr.

FULL* MAIDEN NAME MOTHER Vernita Brady

*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 Robert William Herring (Given name in full) (Surname)

Mrs. Graddy L. Herring Jr. (Father's or Mother's Signature)

Charles B. Hutchins 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.

Received JAN 14 1931