

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. *.....

Place of Birth Payson County Gila No. St.
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Feb 7 - 31</u>			
(Month) (Day) (Year)			
FULL NAME <u>Richard Haught</u>		FATHER	
FULL MAIDEN NAME <u>Henrietta Ozell</u>		MOTHER	

I HEREBY CERTIFY that the child described
herein has been named

William Richard Haught
(Give name in full) (Surname)

Henrietta Haught
(Parent's Signature)

(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-8-42-Bower Co.

683-207-853

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