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.* 164

Place of Birth Globe (Registration District) County Gila No. 250 E. Oak St.

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

DATE OF BIRTH* April (Month) 7 (Day) 1931 (Year)

FATHER

FULL* NAME Walker Vick Brown

MOTHER

FULL* MAIDEN NAME Alberta Irene Wyatt

*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

Walker Victor Brown (Give name in full) (Surname)

Alberta I. Brown (Parent's Signature)

Jon Bolemer (Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

625-107-163

Walker

Received