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)

County Registrar's No.* 335

Place of Birth (Registration District) Higley County Maricopa No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
male	X		5th

DATE OF BIRTH* May (Month) 22 (Day) 1931 (Year)

FULL NAME FATHER William Fay Karstetter

FULL* MAIDEN NAME MOTHER Mary Ruth Gillespie

I HEREBY CERTIFY that the child described herein has been named

Garland Wayne Karstetter
(Give name in full) (Surname)

Mrs. W. F. Karstetter
(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.

5M 6/20/41

729-522-475

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