ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 104

Place of Birth* Miami (City) Gila (County)

Local Registrar's No.*

SEX OF CHILD*	DATE OF BIRTH*
Male	Oct. (Month) 15, (Day) 1931 (Year)
FULL* NAME — FATHER	James Robert Watts
FULL* MAIDEN NAME — MOTHER	Blythe Talbott

I HEREBY CERTIFY that the child described herein has been named

Bradford Charles Watts
(First) (Middle) (Last)

James Robert Watts
(Parent's Signature)

Date Nov-16-1951
(Month) (Day) (Year)

*These items to be entered by the local registrar before giving out this form.

VS 40 Rev. 4-51

262-1015-233