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.* 83

Place of Birth (Registration District) Miami, Gila County Arizona No. 269 Gordon St.

SEX OF CHILD* Male | Twin Triplet or other? no | and | Number in order of birth 3rd

DATE OF BIRTH* January 3, 1932 (Month) (Day) (Year)

FULL* NAME FATHER Warren Locklar

FULL* MAIDEN NAME MOTHER Wealthy A. Rhoades (~~Locklar~~)

I HEREBY CERTIFY that the child described herein has been named

Howard Lee Locklar
(Give name in full) (Surname)

Josie Davis
(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.

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839-103-692