MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 111

Place of Birth (Registration District) Miami County Pinal No. D. 29 Hill St. St.

SEX OF CHILD* Male	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH Jan. 23 - 1932 (Month) (Day) (Year)			
FULL NAME	FATHER Arthur Leslie Smith		
FULL* MAIDEN NAME	MOTHER Maye Thames		

I HEREBY CERTIFY that the child described herein has been named

Theadore Monroe Smith
(Give name in full) (Surname)

Arthur L. Smith
(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 5/20/41

328-123-432