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.*.....

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

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

DATE OF BIRTH* July 16 1932 (Month) (Day) (Year)

FULL* NAME FATHER Alfred Wilkins

FULL* MAIDEN NAME MOTHER Caroline Larrick

I HEREBY CERTIFY that the child described herein has been named

ROBERT HENRY WILKINS
(Give name in full) (Surname)

Caroline L. Wilkins
(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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962-0716-332