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.* 712

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

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

DATE OF BIRTH* Aug. 4 1932
(Month) (Day) (Year)

FATHER
FULL NAME George Edward Antonick

MOTHER
FULL MAIDEN NAME Evelyn Carter Ethington

I HEREBY CERTIFY that the child described herein has been named

George Edward Antonick
(Give name in full) (Surname)

Evelyn Sturgill
(Parent's Signature)

Dr. Nelson Brayton
(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.

10M—8-42—Bower Co.

712-804-555

MAR