See 10-11-31 [illegible]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 229

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

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

DATE OF BIRTH* October (Month) 11 (Day) 1931 Year

FULL* NAME FATHER Fowler

FULL* MAIDEN NAME MOTHER Olga Axelina Rodine

I HEREBY CERTIFY that the child described herein has been named

Bruce Adelbert Fowler
(Given name in full) (Surname)

(Father's or Mother's Signature)

Fr. F. Miller
(Signature of Physician or Midwife)
F. F. MILLER, M. D.

*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.

Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

269-1011-695

Received NOV 9 1932 Arizona State Board of Health

6046/4-21-86 (1) 4-21-86 #6046 (1) 5-5-86