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

State No. 377

County Registrar's No.*

Place of Birth Pinetop County Navajo No. St.
(Registration District)

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

DATE OF BIRTH* October 27 1932
(Month) (Day) (Year)

FULL* NAME — FATHER: Clemence D. Adair

FULL* MAIDEN NAME — MOTHER: Violet H. Packer

I HEREBY CERTIFY that the child described herein has been named

GUY WILLIAM Adair
(Give name in full) (Surname)

Violet H Adair Clemente D. Adair
(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.

10M 12-46

719-1027-579