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.*

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

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

DATE OF BIRTH* Aug (Month) 8 (Day) 1933 (Year)

FULL* NAME FATHER Al O. Fritz

FULL* MAIDEN NAME MOTHER Lilly Mae Henderson

I HEREBY CERTIFY that the child described herein has been named

Vernon LeRoy Fritz
(Give name in full) (Surname)

Al O. Fritz
(Parent's Signature)

C. Gunter, M.D.
(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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

569-6046-345