OF BIRTH

onomic—in which the evidence
ot only to the individual, but
but good business, for they are

inistration of estates, the settle-
ns;
the irresponsibility of children
nd misdemeanor, and various
code;
nforcement of law relating to

nine the relations of guardians

p in order to obtain a passport;
aim for exemption from or the
rvice.

oman
r to C
riate

orker,

factory

itles,
e preci
carpen
sells

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

28598

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.* 106

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

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

DATE OF BIRTH* NOVEMBER 18, 1933
(Month) (Day) (Year)

FULL NAME FATHER Douglas Hugh Crawford

FULL MAIDEN NAME MOTHER Dorothy Stuly Hindley

I HEREBY CERTIFY that the child described herein has been named

EDWARD HUGH CRAWFORD
(Give name in full) (Surname)

Dorothy S. Crawford
(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—8-42—Bower Co.

S31-1110-487