MARGIN RESERVED FOR BINDING
USE PERMANENT INK

145

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.*.....

Place of Birth Thatcher County Graham No. ..... St.
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* Nov. (Month)	11 (Day)	1933 (Year)	
FULL NAME FATHER	Clark Potter Hunt		
FULL* MAIDEN NAME MOTHER	Blanche Woolley		

I HEREBY CERTIFY that the child described herein has been named

Alex Gibson Hunt
(Give name in full) (Surname)

Blanche Hunt
(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—Bowur Co.

163 - 1111 - 268