

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 County Registrar's No.\*.....

Place of Birth Tucson County Pima No. Starke West St.

(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? <u>1</u>	and	Number* in order of birth
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DATE OF BIRTH\* May 20 1938  
(Month) (Day) (Year)

FULL\* FATHER  
NAME Maxie Thomas Allen

FULL\* MOTHER  
MAIDEN NAME Murrel Marie Daulton

I HEREBY CERTIFY that the child described herein has been named

Maxie William Allen  
(Give name in full) (Surname)

Maxie Allen  
(Parent's Signature)

H. H. Fitzgerald  
(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

415-520-1152