

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.\* 159(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Yuma Ariz - County Yuma No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	<u>Single</u>	and	Number in order of birth
DATE OF BIRTH* <u>Dec.</u> <u>5<sup>th</sup></u> <u>1938.</u> (Month) (Day) (Year)				
FULL* NAME	FATHER <u>Wilfred W. Kempton</u>			
FULL* MAIDEN NAME	MOTHER <u>Ruby Gardner</u>			

I HEREBY CERTIFY that the child described herein  
has been namedIra Thomas Kempton.  
(Give name in full) (Surname)Wilfred W. Kempton.  
(Parent's Signature)F. W. Butler 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.