1412

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Globe Ariz (Registration District) County Gila No. 465 N Lincoln St.

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

DATE OF BIRTH* March 22 1942 (Month) (Day) (Year)

FULL NAME — FATHER: Joseph W. Ruis

FULL* MAIDEN NAME — MOTHER: Regina Karakey

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named William Waket Ruis

XXXXXXXXXX (Give name in full) XXXXXXXXXXXXXXXX (Surname)

J. W. Ruis (Parent's Signature)

Regina Karakey (mother) (Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

5M 6/20/41

692-322-928